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ALL'S WELL
PRACTICE GROUP

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW.

EFFECTIVE DATE OF THIS NOTICE:JANUARY 21, 2021

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have certain rights regarding the use and disclosure of your protected health information ("PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that your health information is personal, and I am committed to protecting it. I create a record of the care and services you receive to provide quality care and comply with legal requirements. This notice applies to all records of your care generated by this practice. It explains how I may use and disclose your health information, your rights, and my obligations regarding your health information.

I am required by law to:

- Ensure that PHI identifying you is kept private.
- Provide you with this notice of my legal duties and privacy practices.
- Follow the terms of this notice currently in effect.

I may change the terms of this notice at any time. Changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways I use and disclose health information. Not every use or disclosure in a category will be listed, but all permitted uses and disclosures fall within one of these categories.

For Treatment, Payment, or Health Care Operations

Federal privacy rules allow health care providers to use or disclose your PHI without your written authorization for treatment, payment, or health care operations. For example, I may consult with another licensed provider about your condition or use your PHI for billing and appointment reminders.

Disclosures for treatment purposes are not limited to the minimum necessary standard, as providers need access to the full record to provide quality care. “Treatment” includes coordination and management of care, consultations, and referrals.

Lawsuits and Disputes

If you are involved in a lawsuit or legal dispute, I may disclose health information in response to a court or administrative order, or in response to a subpoena or other lawful process, after reasonable efforts to notify you or obtain a protective order.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes

I keep “psychotherapy notes” as defined by HIPAA. Any use or disclosure of these notes requires your authorization unless:

- Used for your treatment.
- Used for training or supervision of mental health practitioners.
- Used in legal proceedings initiated by you.
- Required by the Secretary of Health and Human Services for compliance investigation.

- Required by law for health oversight activities or by a coroner.
- Necessary to avert a serious threat to health or safety.

Marketing Purposes

I will not use or disclose your PHI for marketing without your written consent. If I request a review from you for advertising purposes and it contains PHI, I will provide a HIPAA authorization form. You may withdraw this consent at any time in writing.

Sale of PHI

I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain legal limitations, I may use and disclose your PHI without your authorization for:

- Appointment reminders and information about health-related benefits or services.
- When required by state or federal law.
- Public health activities (e.g., reporting abuse, preventing/reducing threats to health or safety).
- Health oversight activities (e.g., audits, investigations).
- Judicial and administrative proceedings.
- Law enforcement purposes (e.g., reporting crimes on premises).
- Coroners or medical examiners performing authorized duties.
- Research purposes (e.g., comparing therapy outcomes).
- Specialized government functions (e.g., military, national security).
- Workers' compensation compliance.
- Organ and tissue donation requests.

V. USES AND DISCLOSURES REQUIRING AN OPPORTUNITY TO OBJECT

You have the right to tell me whether I may share your PHI with family, friends, or others involved in your care or payment, or in disaster relief situations. In emergencies, consent may be obtained retroactively.

VI. YOUR RIGHTS REGARDING YOUR PHI

- Right to Request Limits: You may ask me not to use or disclose certain PHI for treatment, payment, or operations. I am not required to agree if it affects your care.
- Right to Restrict Disclosures for Out-of-Pocket Payments: You may request restrictions on disclosures to health plans if you pay for a service in full out-of-pocket.
- Right to Request Confidential Communications: You may request that I contact you in a specific way or send mail to a different address.
- Right to Access: You may request an electronic or paper copy of your medical record. I will provide it within 30 days of your written request and may charge a reasonable fee.
- Right to an Accounting of Disclosures: You may request a list of disclosures made in the past six years (excluding those for treatment, payment, or operations). I will respond within 60 days.
- Right to Amend: If you believe your PHI is incorrect or incomplete, you may request an amendment. I may deny your request but will explain why in writing within 60 days.
- Right to a Copy of This Notice: You may request a paper or electronic copy of this notice at any time.
- Right to Choose a Representative: If you have a medical power of attorney or legal guardian, that person may act on your behalf.
- Right to Revoke Authorization: You may revoke any authorization at any time in writing.
- Right to Opt Out of Communications and Fundraising: You may opt out of certain communications from my practice.
- Right to File a Complaint: If you believe your rights have been violated, you may file a complaint with me or with the HHS Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, (877) 696-6775, or www.hhs.gov/ocr/privacy/hipaa/complaints. There will be no retaliation for filing a complaint.

VII. CHANGES TO THIS NOTICE

I may change the terms of this notice at any time. Changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.

If you have any questions about this notice, please contact my office at 773-299-1515.

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