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NOTICY OF PRIVACY PRACTICES

This describes: 1) how medical information about you may be used and disclosed, and 2) how you can get access to this information. Please review carefully.

Your health record contains personal information about you and your health. Information that may identify you and relate to your past, present, or future physical, mental health or condition and related health care services is referred to as PROTECTED HEALTH INFORMATION or “PHI”. This Notice of Privacy practices how I may use and disclose your PHI in accordance with applicable law and professional ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy practices. I reserve the right to change the terms of our Notice of Privacy practices at any time. Any new Notice of Privacy practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at our next meeting.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

Without your Authorization: Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. For each category of uses or disclosures I will explain what I mean and try to give you some examples. Not every use or disclosure in a category will be listed. However, all the ways, I am permitted to use and disclose information will fall within one of the following categories.

1. **For treatment.** Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services by my practice. For example information obtained from a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment for you. This includes consultations with clinical supervisors. I may only disclose PHI to any other consultant or health care provider with your written authorization.
2. **For Payment.** I may use and disclose PHI so that I can receive payment from you, an insurance company, or a third party, for the services I have provided to you. For example, I may need to give your health care plan information about treatment you received so your health care plan will pay me or reimburse you for treatment. I may also tell your health plan about treatment you are going to receive in order to obtain prior approval for the service. The information disclosed will be limited to the nature of services provided, diagnosis, the dates of service, the amount due, and other relevant financial information. If it becomes necessary to use collection processes due to

lack of payment from services, I will only disclose the minimum amount of PHI necessary for the purpose of collection.

3. HEALTH OVERSIGHT. The Boards of Registration of mental health disciplines such as psychology, social work, mental health counseling, have the power, when necessary to subpoena records should a clinician be the focus of an inquiry.
4. JUDICIAL AND ADMINISTRATIVE PROCEDURE. If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and will not be released without written authorization from you or your legal representative or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
5. IN AN EMERGENCY. I may disclose your PHI to a physician who requests such records in the treatment or psychiatric emergency. For example, if you are unconscious and the doctor treating you needs to know details regarding your medical history in order to decide on a course of treatment for you, I would disclose the PHI necessary for the doctor to treat you during the emergency. If it is not possible to obtain your consent to this disclosure, then notice of the disclosure will be provided to you as soon as possible.
6. AS REQUIRED BY LAW. I may disclose your PHI as required by law, such as mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations.
7. IF REQUIRED BY A COURT ORDER. I may disclose your PHI in a judicial proceeding if required by court order.
8. IF NECESSARY BECAUSE OF THREAT TO HEALTH AND SAFETY. I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. I may disclose your PHI to the extent which is necessary to protect your safety or the safety of others, if
 - A. You present a clear and present danger to yourself ,or
 - B. You have communicated an explicit threat to kill or inflict serious bodily injury upon another person and there is reasonable belief that the threat may be carried out.

If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat including the target of the threat.

9. BUSINESS ASSOCIATES. I may obtain some services through contracts with business associates. For example, I may contact with outside companies to provide legal services, accounting services, or billing services. When I contract with a business associate, I may disclose health information to the business associate so he/she can perform the requested job. To protect your health information, I may require the business associate to appropriately safe guard your health information.

WITH AUTHORIZATION. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization.

REVIOCATION OF AUTHORIZATION. If you provide me with permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your authorization; I will no longer use or disclose medical information about you for the purposes covered by the written authorization. However, I am unable to take back any disclosure that I have already made with your authorization.

YOUR RIGHTS REGARDING YOUR PHI

You, or your authorized representative, have the following rights regarding PHI that I maintain about you. To exercise any of these rights, please submit your request in writing to me at my office address.

1. **RIGHT OF ACCESS TO INSPECT AND COPY.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would be reasonably likely to endanger the life or physical safety of you or another person. I may charge a reasonable cost based fee for copies. I will act upon your request within thirty days of your request.
2. **RIGHT TO AMEND.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me in writing to amend the information although I am not required to agree to the amendment.
3. **RIGHT TO REQUEST ACCOUNTING DISCLOSURES.** You have the right to request an accounting disclosure that I make of your PHI. To make request, you should submit it in writing to me. I may charge you a reasonable fee if you request more than one accounting in any 12 month period.
4. **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information I use of disclosure about you for treatment, payment, or health operations. For example, you might request that particularly sensitive information such as the existence of drug dependence not be disclosed for any purpose. I am not required to agree with your request. To request restrictions, you must submit your request in writing to me. In your request, you must tell me 1) what information you want to limit, 2) whether you want to limit the use, disclosure, or both, and 3) to whom you want the limits to apply, for example, disclosure to your insurance carrier.
5. **RIGHT TO REQUEST CONFIDENTIAL INFORMATION.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that I only contact you at work by mail.
6. **PHONE AND MAIL COMMUNICATIONS POLICY ACCORDING TO HIPPA REGULATIONS.** There may be times when I need to contact you by phone or email regarding appointments, billing, or other matters. Telephone calls will be made during business hours and I will contact you at the phone number and address you have provided me. I will leave a message on an answering machine or cell phone, identifying myself, my telephone number, the nature of the call, and will ask for a return call. Similarly, when mail communications is required, I will use the mailing address or email address that was given at the time of intake.