

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW ALL INFORMATION CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION: Liz Everett PsyD LLC is committed to providing you with the highest quality care in an environment that protects your privacy and the confidentiality of your health information. We understand that health information about you and your health care is personal. We create a record of the care and services you receive from us. Liz Everett PsyD LLC needs this record to provide you with quality care and to comply with certain legal requirements. This notice explains our privacy practices, as well as your rights, regarding your health information. This notice will tell you about the ways in which Liz Everett PsyD LLC may use and disclose health information about you. It also describes your rights to the health information in your health care records and describes certain obligations we have regarding the use and disclosure of your health information. Liz Everett PsyD LLC is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect. If the terms of this Notice are revised, such changes will apply to all information Liz Everett PsyD LLC has about you. The new Notice will be available upon request and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client’s personal health information without the client’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the provider in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party,

consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Payment encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care.

In addition to the general definition, the Privacy Rule provides examples of common payment activities which include, but are not limited to:

Determining eligibility or coverage under a plan and adjudicating claims; Risk adjustments; Billing and collection activities; Reviewing health care services for medical necessity, coverage, justification of charges, and the like; Utilization review activities; and Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For your provider’s use in treating you. b. For your provider’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For your provider’s use as a defense in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate Liz Everett PsyD LLC’s compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** Liz Everett PsyD LLC will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** Liz Everett PsyD LLC will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Liz Everett PsyD LLC can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on premises.
6. To coroners or medical examiners when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although preference is to obtain an Authorization from you, Liz Everett PsyD LLC may provide your PHI to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Liz Everett PsyD LLC may use and disclose your PHI to contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. Liz Everett PsyD LLC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. Release of substance abuse treatment information. If your medical records for treatment and/or course of treatment/service contain any information related to your treatment in a federally funded substance abuse treatment program, you consent to release such health information for the purpose of treatment, for obtaining authorization or payment from your insurers and other payers, and for other specific insurer/payer requirements, within the limits of the law. If you do not wish information related to substance use or treatment to be released to a third-party payer, you may choose to pay for treatment, in which case your health information will not be provided to your insurance company. It is your responsibility to inform Liz Everett PsyD LLC of your intent to self-pay for treatment, prior to services rendered.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Liz Everett PsyD LLC not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How PHI is Sent to You. You have the right to ask Liz Everett PsyD LLC to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information contained in your health record. Liz Everett PsyD LLC will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. Liz Everett PsyD LLC will charge a reasonable, cost-based fee for doing so.
5. The Right to Get a List of the Disclosures Liz Everett PsyD LLC Has Made. You have the right to request a list of instances in which Liz Everett PsyD LLC has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided your provider with an Authorization. Liz Everett PsyD LLC will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list provided can include disclosures made within the last six (6) years.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Liz Everett PsyD LLC correct the existing information or add the missing information. Liz Everett PsyD LLC may deny your request but will provide written notification regarding reasons for denial within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. The Right to Receive the Names of Business Associates, Upon Your Request. The law requires that Liz Everett PsyD LLC obtain formal business associate agreements or contracts with certain companies who may come into contact with confidential patient information, such as companies who provide health insurance coverage, billing and claims processing, practice management software, legal consultation, IT support, and encrypted e-mail. The contracts indicate the company’s agreement to maintain confidentiality of your information as required by law or allowed in the contract.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on February 21, 2023

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. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. CONSENT TO THE TERMS AND CONDITIONS OF TREATMENT IS VALID DURING THE DURATION OF YOUR TREATMENT AT Liz Everett PsyD LLC FOR ALL OUTPATIENT SERVICES RECEIVED BY ALL PROVIDERS.

Patient Name

Relationship to patient (if not self)

Patient or Legal Guardian Signature

Date Signed