



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Notice of Privacy Practices

Privacy is a very important concern for all those who come to this office. It is also complicated because of federal and state laws and our profession. Because the rules are so complicated, some parts of this Notice are very detailed, and you may have to read them several times to understand them. If you have any questions, we will be happy to help you – just ask us.

Contents of this Notice

- A. Introduction
 - B. What we mean by your medical information
 - C. Privacy and the laws about privacy
 - D. How your protected health information can be used and shared
 - 1. Uses and disclosures with your consent
 - a. The basic uses and disclosures — For treatment, payment, and health care operations (TPO)
 - 2. Other uses and disclosures in health care uses and disclosures requiring your Authorization
 - 3. Uses and disclosures not requiring your Consent or Authorization
 - 4. Uses and disclosures requiring you to have an opportunity to object
 - 5. An Accounting of disclosures we have made
 - 6. Inspections
 - 7. Amendments
 - E. If you have questions or problems
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A. Introduction

This notice will tell you how we handle information about you. It tells how we use this information, how we share it with other professionals and organizations, and how you can see it. We want you to know this so you can make the best decisions for yourself and your family. We are also required to tell you about these issues because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for more explanation or details.

B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or any other "healthcare provider," information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you received from us or from others, or about payment for healthcare. The information we collect from you is called, PHI, which stands for Protected Health Information. This information goes into your medical or healthcare record on file at our office. In this office this PHI is likely to include these kinds of information:

- Your personal information such as date of birth, social security number, phone number, address, insurance ID and Group ID numbers, medical records number, email address, driver's license number, dates of service.
 - Your history: As a child, in school and at work, and marital and personal history.
 - Reasons you came for treatment: Your problems, complaints, symptoms, needs, goals.
 - Diagnoses: Diagnoses are the medical terms for your problems or symptoms.
 - A treatment plan: Details treatment and other services which we think will best help you.
 - Progress notes: Each time you come in we write down some things about how you are doing, what we observe about you, and what you tell us.
 - Records we receive from others who evaluated or treated you.
 - Psychological test scores, school records, etc.
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- Information about medications you have or are taking.
- Legal matters.
- Billing and insurance information. This list is just to give you an idea; there may be other kinds of information that go into your healthcare record in our office. We use this information for many purposes. For example, we may use it:
 - To plan your care and treatment.
 - To decide how well our treatments are working for you.
 - When we talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us.
 - To show that you received the services from us which we billed to you or to your health insurance company.
 - For teaching and training other healthcare professionals. (without any identifying information)
 - For medical or psychological research (with your written, informed consent)
 - For public health officials trying to improve health care in this country. (without any identifying information)
 - To improve the way we do our job by measuring the results of our work. When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. Your therapist may need to be present to answer any questions or concerns you may have. If you want a copy, we can usually make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect, or something important is missing, you can ask us to amend (add information to) your record, although, in some rare situations we do not have to agree to do that. Our Privacy Officer, whose name is at the end of this Notice, can explain more about this.

C. Privacy and the laws

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices, which is called the Notice of Privacy Practices or NPP. We will obey the rules of this notice as long as it is in effect, but if we change it, the rules of the new NPP will apply to all the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can get a

copy from our Privacy Officer at any time, just ask anyone in the office and they will get you a copy immediately.

D. How your protected health information can be used and shared

When your information is read by your therapist in this office, that is called, in the law, "use." If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI here or disclose it to others, we share only the minimum necessary PHI needed for the purpose. The law gives you the right to know about your PHI, how it is used, and to have a say in how it is disclosed.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For most uses we must tell you about them and have a written Authorization Form signed by you, unless the law requires us to make the use or disclosure without your authorization.

1. Uses and disclosure of PHI in healthcare with your consent

After you have read this Notice you will be asked to sign a separate Consent Form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO and the Consent Form allows us to use and disclose your PHI for TPO. However, even with your signature on the Consent Form, we only disclose your PHI with your informed written consent except where the law requires us to disclose information.

Ocean Point Counseling, LLC (OPC) will also obtain an authorization from you before using or disclosing:

- PHI in a way that is not described in this Notice.
- Psychotherapy notes

1a. For treatment, payment, or health care operations

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. Federal regulations require that you sign the Consent Form before we begin to treat you, except in emergency situations.

When you come to see us, several people in our office may collect demographic and insurance information about you and all of it may go into your healthcare records here. Your therapist will collect clinical information. Generally, we may use or disclose your

PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let's see what these are about:

For treatment. We use medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of our services.

We may share or disclose your PHI with your prior written consent to others who provide treatment to you. We are likely to ask to share your information with your personal physician. If you are being treated by a team at OPC, we can share some of your PHI with them so that the services you receive will be coordinated. They will also enter their findings, the actions they took, and their plans into your record so we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals for services we cannot offer, such as special testing or treatments. When we do this, we need to tell them some things about you and your conditions with your written consent. We will get their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them with your written consent. These are some examples so that you can see how we use and disclose your PHI for treatment.

For payment. We may use your information to bill you, your insurance, or others to be paid for the treatment we provide to you. We always give the minimum amount of information required to obtain payment. We may contact your insurance company to check on exactly what your insurance covers. We have to tell them about your diagnoses, what treatment you have received, and what we expect as we treat you. We also may need to tell them about when we met, your progress, provider treatment plan, and other similar things.

For health care operations. There are some other ways we may use or disclose your PHI which are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies without identifying information so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.

1b. Other uses in healthcare

Appointment Reminders. We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

Treatment Alternatives. We may use (or disclose with your written consent) your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

Other Benefits and Services. We may use (or disclose with your written consent) your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. We may use or share your information to do research and improve treatments. For example, we may compare two treatments for the same disorder to see which works better, faster or costs less. In all cases your name, address and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and you will have to sign a special Authorization Form before any information is shared.

Business Associates. There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. For example, we use an electronic service to send secure, encrypted information over the internet to many insurance companies. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

2. Uses and disclosures requiring your Authorization

If we want to use your information for any purpose besides the TPO or those we described above, we need your permission on an Authorization Form. If you would like us to send any information, we have in our records outside of our office you will need to sign an Authorization Form.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

3. Uses and disclosures of PHI from mental health records NOT requiring Consent or Authorization

The law requires us to use and disclose some of your PHI without your consent or authorization in some cases.:

- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as LUIS or a state department of health), to a coroner or medical examiner, in the event of a natural disaster, for public health
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purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

- When required by law. There are some federal, state, or local laws which require us to disclose PHI.
 - We have to report suspected child abuse.
 - If you are involved in a lawsuit or legal proceeding and we receive a court order, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
 - We have to release (disclose) some information to government agencies which check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes. We may release PHI if asked to do so by a law enforcement official to investigate a crime or criminal.

For public health activities. We might disclose some of your PHI to agencies which investigate diseases or injuries. Relating to decedents. We might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

For specific government functions. We may disclose PHI of military personnel and veterans to governmental benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

To Prevent a Serious Threat to Health or Safety. If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

In the Event of a Disaster. OPC may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.

4. Uses and disclosures requiring you to have an opportunity to object

We can share information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose and indicate through an Authorization Form, such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law.

If it is an emergency — in the event that we cannot ask if you disagree—we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you do not approve, we will stop, providing that we are not violating the law.

Right to Restrict Disclosures. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for your services. You also have the right to restrict any Authorized disclosure of your PHI in writing at any time. OPC may revoke this restriction upon receipt if the restriction does not follow PA Mental Health State Law or HIPAA requirements.

Right to Be Notified if There is a Breach of Your Unsecured PHI. You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

5. An accounting of disclosures. When we disclose your PHI, we keep records to whom we sent it, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

6. Inspections. You have the right to inspect any records OPC is keeping regarding your care. It is OPC's policy to oblige this request to the best of our ability. Please note that OPC reserves the right to deny inspections of part or the entire record if we find that the inspection may be detrimental to your health or safety or the health and safety of others.

7. Amendments. You have the right to request an amendment to you records in writing. OPC will carefully investigate the request for the amendment. This amendment request will be filed in your chart with the information that is requested to be amended. OPC has the right to deny the amendment due to Ethical requirements, HIPAA requirement and/or State Law requirements.

E. If you have questions or problems. If you need more information or have questions about the privacy practices described above, please speak to the Privacy Officer, whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or retaliate against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer by telephone at 484-213-4513.

The effective date of this notice is March 12, 2019.
