Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR MINOR MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. Information about you or that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules ("Privacy Rules"), and ethics rules enforced by licensure boards and bodies having jurisdiction over our practice. This document also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI we maintain immediately. We will provide you with a copy of a revised Notice of Privacy Practices at your next visit or by mail.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use or disclose your PHI for treatment, payment and health care operations purposes with your consent.

For Treatment: Your PHI may be used and disclosed by those involved in your care to provide coordination or management of your health care treatment and related services. This includes consultation with clinical supervisors and other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment: We may use and disclose PHI so we can receive payment for the services provided to you. This will be done only with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization. We may use your PHI when leaving messages to follow-up on or confirm appointments unless you have directed us not to do so.

Deceased Patients: We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care before death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Your Access is Required by Law: By law, we must disclose PHI to you upon your request. However, Psychotherapy notes are treated differently from other mental health information and are not part of your PHI both because they contain particularly sensitive information and because they are the *personal notes of the therapist.* Psychotherapy notes typically are not required or used for treatment, payment, or health care operations purposes, other than by the mental health professional who created the notes. These notes will be released only upon order of a court, an authority having jurisdiction, or for other disclosures required by law such as mandatory reporting of abuse, and mandatory "duty to warn" situations requiring threats of serious and imminent harm made by the patient.

Research: PHI may only be disclosed after a special approval process or with your authorization.

Verbal Permission: We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Uses and Disclosures Requiring Neither Your Consent Nor Your Authorization

There are times we may use or disclose your PHI without your consent or authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

Child Abuse/Neglect: If we have cause to believe that a child has been or may be the victim of abuse or neglect, we must make a report of such to the Mississippi Department of Child Protection Services or to any local or state law enforcement agency.

Elderly or Vulnerable Adult Abuse/Neglect: If we have cause to believe that an elderly or vulnerable adult is in a state of abuse, neglect, or exploitation, we must report such to the Mississippi Department of Human Services.

Judicial and Administrative Proceedings: We may disclose your PHI pursuant to a court order, administrative order, or similar legal demand of a court with such jurisdiction.

Serious Threat to Health of Safety: We may use or disclose your PHI in a medical emergency situation to medical personnel only to prevent serious harm. We will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care: While we may generally disclose information to close family members or friends directly involved in your treatment based only upon your consent, we may disclose PHI without prior consent if and as necessary to prevent serious harm.

Health Oversight: If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement: We may disclose PHI to a law enforcement official as required by law, court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises. We may disclose PHI in compliance with a judicial/court-

ordered subpoena without your written consent. Other subpoenas will be handled in accordance with Public Law 104-191.

Specialized Government Functions: We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health: If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety: We 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. 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.

Uses and Disclosures requiring Your Specific Written Authorization

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your prior authorization. The following uses and disclosures will be made only with your written authorization: (1) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (2) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (3) disclosures that constitute a sale of PHI; and (4) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you:

- 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 is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are 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 cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- Right to Amend: If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information; although, we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement, and if we do, will provide you with a copy.
- Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

- **Right to Request Accommodation.** We will accommodate reasonable requests that do not fundamentally alter the nature of our business or cause undue financial harm. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for detailed explanations of why you are making the request.
- **Breach Notification:** If we learn there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice:** You have the right to a copy of this notice.

COMPLAINTS

If you are concerned that your rights have been violated or you disagree with a decision made about access to your records, please talk to us about these concerns.

If you do not feel comfortable discussing your concerns with us, you may file a complaint with the Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists at www.swmft.ms.gov/ or the Mississippi Board of Examiners for Licensed Professional Counselors at ttps://www.lpc.ms.gov/.

You may also file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257.

We will not retaliate against you for filing a complaint.

The effective date of this Notice is August 20, 2018.

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