YAVNEH PSYCHOLOGY, PLLC

3. Notice of Privacy Practices

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION

Yavneh Psychology, PLLC ("Yavneh", "we", "provider", "Practice") understands that health information about you and any health care services you receive is personal, and we are committed to protecting health information ("PHI") about you. We create a record of the care and services you receive from Yavneh. We need this record to provide you with quality care and to comply with certain legal requirements. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care.

This notice applies to all the psychology and therapy records generated by this practice. This notice will tell you about the ways in which we may use and disclose PHI about you. It also describes your rights to the health information we keep about you and describes certain obligations we have regarding the use and disclosure of your PHI. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

OUR RESPONSIBILITIES

We are required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to PHI.
- Follow the terms of the notice that is currently in effect.
- Note: We are permitted to amend the terms of this Notice at any time, without prior notice to you, and such changes will apply to all PHI we maintain about you. Any new Notice will be available, upon request, at Yavneh's office and on our website.

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Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) most uses and disclosures of psychotherapy notes (ii) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of your health information; and (iv) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

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

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

You have the right to:

1. **Receive a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

2. **Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask Yavneh not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would adversely affect your health care. You can ask for Yavneh not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

3. **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.

4. **Choose How We Send PHI to You.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

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5. **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 that we have about you. We 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. We are not required to share our psychotherapy notes, and we may charge a reasonable, cost-based fee for doing so.

6. **Request an amendment to 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 we correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.

We may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:

- was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
- is not part of your medical or billing records;
- is not available for inspection as set forth above; or
- is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

7. **Request a List of the Disclosures We Have Made.** You have the right to request a list of instances in which Yavneh has disclosed your PHI to individuals or entities other than to you, except for disclosures:

- to carry out treatment, payment and health care operations as provided above;
- to persons involved in your care or for other notification purposes as provided by law;
- to correctional institutions or law enforcement officials as provided by law;
- for national security or intelligence purposes;
- that occurred prior to the date of compliance with privacy standards (April 14, 2003);
- incidental to other permissible uses or disclosures;
- that are part of a limited data set (does not contain protected health information that directly identifies individuals);
- made to patient or their personal representatives;
- for which a written authorization form from the patient has been received

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We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six (6) years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

8. **Revoke your authorization to use or disclose health information** except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

9. **Receive notification if affected by a breach of unsecured PHI.**

III. HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

A. **Routine Uses And Disclosures Of PHI.** Federal privacy rules and regulations allow healthcare providers who have a direct treatment relationship with the patient to use or disclose the patient's personal health information, without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations.
   a. **Treatment:** We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. Disclosures for treatment purposes are not limited to the "minimum necessary" standard. This is because therapists and other health care providers need access to the full record and complete information in order 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.
   b. **Payment:** We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

c. **Regular Healthcare Operations:** We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. We may also use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

B. **Uses and Disclosures That May Be Made Without Your Authorization Or Opportunity To Object.** Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization or an opportunity for you to object for the following reasons:

a. **To comply with law, law enforcement, or other government requests**

i. Required by state, federal, or local law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

ii. Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request, although our preference is to obtain an Authorization from you before doing so. If you are involved in a lawsuit, we may disclose PHI in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process. If your child is our patient, we also may have to 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, before doing so, we will make an effort to tell you about the request so you can have an opportunity to obtain an order protecting the information requested, if you wish to do so.

iii. Law enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

iv. Specialized Government Functions: For military or national security concerns, including intelligence or counterintelligence operations, ensuring the proper execution of military missions; protecting the President of the United States; protective services for heads of state, helping to ensure the safety of those working within or housed in correctional institutions, or your security clearance.

v. National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for the purpose of determining your own security clearance and other national security activities authorized by law.

vi. Workers' Compensation: To comply with workers' compensation laws or support claims. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.

b. **For public health and safety issues**

i. Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.

ii. Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

iii. Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

iv. Serious threat to health or safety: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

v. Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

c. **To comply with other requests**

i. Coroners, Medical Examiners, and Funeral Directors: To perform their legally authorized duties.

ii. Organ Donation: For organ donation or transplantation.

iii. Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

iv. Research: For research when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

v. Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

vi. Business Associates: There may be some functions, activities, or services provided in our organization through contracts with Business Associates. Examples include electronic health records software and a copy service used in making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

C. Certain Uses And Disclosures Require Your Authorization

a. **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:

i. For Yavneh's use in treating you.

ii. For Yavneh's use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.

iii. For Yavneh's use in defending itself and its providers in legal proceedings instituted by you.

iv. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.

v. Required by law and the use or disclosure is limited to the requirements of such law.

vi. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.

vii. Required by a coroner who is performing duties authorized by law.

viii. Required to help avert a serious threat to the health and safety of others.

b. **Marketing Purposes.** As psychologists, we will not use or disclose your PHI for marketing purposes.

c. Sale of PHI. As psychologists, we will not sell your PHI in the regular course of business.

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D. **Certain Uses And Disclosures Require You To Have The Opportunity To Object**

a. **Disclosures to family, friends, or others.** We 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.

b. If it is in your best interest because you are unable to state your preference.

E. Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2:

a. **If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 C.F.R. Part 2 ("Part 2").** This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as:

i. Medical Emergencies: to the extent necessary to treat you,
ii. Reporting Crimes on Program Premises,
iii. Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and
iv. Fundraising: We will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications.

You may revoke this consent at any time.

b. **Prohibitions on Use and Disclosure of Part 2 Records:** SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

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You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Eliza Stucker-Rozovsky, Psy.D., at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Yavneh Psychology, PLLC or with the Secretary of the Department of Health and Human Services. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 http://www.hhs.gov/contacts	**YAVNEH PSYCHOLOGY, PLLC** Eliza Stucker-Rozovsky, Psy.D. Privacy Officer 126 E Burke St., Martinsburg, WV 25401 Tel: 304-245-9106 Fax: 304-853-5264

NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice will be prominently posted in the office where registration occurs. You will be provided a copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site (if applicable Web site exists) for downloading.

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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 signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Signature: _____

Printed Name of Party Seeking Therapy: _____

Authority to Sign (self, parent, legal guardian): _____

Date: _____