



# NewPoint of View Counseling

*Claudette Waite, LPC*

16815 S. Desert Foothills Pkwy, suite 134

Phoenix, AZ, 85048

Ph: 602-550-5221

Fax: 602-419-2996

Email: [cwaite@newpointofviewcounseling.com](mailto:cwaite@newpointofviewcounseling.com)

## HIPAA NOTICE OF PRIVACY PRACTICES

**I. 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.**

**II. IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

By law we are required to insure that your PHI is kept private. The PHI constitutes information created or noted that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. We are required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how we use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside the practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are legally required to follow the privacy practices described in this Notice.

Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file. The new Notice will be available upon request, in our office, and on our website at [www.newpointofviewcounseling.com](http://www.newpointofviewcounseling.com).

**III. HOW WE WILL USE AND DISCLOSE YOUR PHI.**

We will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, with some examples.

**A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.**

We may use and disclose your PHI without your consent for the following reasons:

**1. For treatment.** We can use your PHI to provide you with mental health treatment, including discussing or sharing your PHI for consultation purposes. We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI to her/him in order to coordinate your care.

**2. For health care operations.** We may use and share your PHI to facilitate the efficient and correct operation of the practice, improve your care, and contact you when necessary. Example: Quality control – we may use your PHI in the evaluation of the quality of health care services you have received or to evaluate the performance of the health care professionals who provided you with these services.

**3. To obtain payment for treatment.** We may use and disclose your PHI to bill and collect payment for the treatment and services provided. Example: We can give information about you to your insurance provider so it will pay for your services.

**B. Certain Other Uses and Disclosures Do Not Require Your Consent.** We may use and/or disclose your PHI without your consent or authorization for the following reasons:

- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: We may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 2. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 3. If disclosure is compelled by the patient or the patient's representative pursuant to Arizona Health and Safety Codes or to corresponding federal statutes or regulations.**
- 4. To avoid harm.** We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to meds).
- 5. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger.**
- 6. If disclosure is mandated by the Arizona Child Abuse and Neglect Reporting law.** For example, if we have a reasonable suspicion of child abuse or neglect, we are required by law to report it.
- 7. If disclosure is mandated by the Arizona Elder/Dependent Adult Abuse Reporting law.** For example, if we have a reasonable suspicion of elder abuse or dependent adult abuse, we are required to report it.
- 8. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
- 9. For public health activities and health oversight.** Example: In the event of your death, if a disclosure is permitted or compelled, we may share PHI with the county coroner or medical examiner.
- 10. For health oversight activities.** We may share PHI with certain state or federal administrative agencies for disease prevention, to help with product recalls, reporting adverse reactions to medication, or when an individual dies. Example: We may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
- 11. For specific government functions.** Examples: We may disclose PHI of military personnel and veterans under certain circumstances.
- 12. For Workers' Compensation purposes.** We may provide PHI in order to comply with Workers' Compensation laws.
- 13. Appointment reminders and health related benefits or services.** Examples: We may use PHI to provide appointment reminders, or to give you information about alternative treatment options, or other health care services or benefits offered by the practice.
- 14. If disclosure is otherwise specifically required by law.**

**C. Certain Uses and Disclosures Require You to Tell Us Your Choices About What We Share and Have the Opportunity to Object.**

**1. Disclosures to family, friends, or others.** For certain PHI, you can tell us your choices about what we share. You have both the right and the choice to tell us to share information with your family, close friends or others involved in your care. Tell us what you want us to do and we will follow your instructions. At any time you have the right to revoke these instructions in whole or in part. Retroactive consent may be obtained in emergency situations. In the following cases, we will not share your information unless you give us written permission: marketing, the sale of your information, and in most cases, sharing of psychotherapy notes. Arizona law has specific provisions relating to the sharing of psychotherapy notes. A.R.S. § 36-509 permits disclosure by a healthcare entity of mental health records “to physicians and providers of health, mental health, or social and welfare services involved in caring for, treating, or rehabilitating the patient.” Healthcare entity is defined as a healthcare provider, the Arizona Department of Health Services, the Arizona Health Care Cost Containment System, or a Regional Behavioral Health Authority under contract with the Administration (State). A healthcare provider is defined as a healthcare institution as defined in A.R.S. § 36-401 that is licensed as a behavioral health provider pursuant to Arizona Department of Health Services rules, or a mental health provider. A.R.S. § 36-401(21) defines a healthcare institution as “every place, institution, building or agency, whether organized for profit or not, that provides facilities with medical services, nursing services, behavioral

health services, health screening services, or other health-related services, supervisory care services, personal care services, or directed care services, and includes home health agencies as defined in A.R.S. § 36-151, outdoor behavioral health programs, and hospice service agencies.”

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any situation not described in Sections IIIA, IIIB, and IIIC above, we will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures of your PHI.

#### **IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

These are your rights with respect to your PHI:

**A. The Right to See and Get Copies of Your PHI.** You have the right to review and obtain copies of your PHI, with some limited exceptions. You must provide this request in writing and will receive a response within thirty (30) days of receipt. We may deny access to all or a portion of the PHI in limited circumstances and will provide the reasons for the denial in writing, along with your right to a review of the denial. A charge of not more than \$.25 per page will be assessed if you request a physical copy of your PHI. We are required by law to provide you with a copy of the PHI in electronic form if so requested and if readily producible. We may provide a summary or explanation of the PHI upon your advanced approval to the format and cost in writing.

**B. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request limitations on the uses and disclosures of your PHI. In most cases, we are not legally bound to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**C. The Right to Choose How We Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). We are obliged to agree to your request provided that we can give you the PHI, in the format you requested, without undue inconvenience. We will not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**D. The Right to Get a List of the Disclosures We Have Made.** You are entitled to a list of disclosures of your PHI. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; nor will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case we reserve the right to charge you a reasonable sum based on a set fee for each additional request.

**E. The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request a correction of the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your request. We may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of the records, or (d) written by someone other than a provider in our practice. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If approved, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

**F. The Right to Get This Notice by Email.** You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

## **V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If, in your opinion, we may have violated your privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

## **VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: **Claudette Waite, 16815 S. Desert Foothills Pkwy, suite 134, Phoenix, AZ, 85048 PH: 602-550-5221, cwaite@newpointeofviewcounseling.com.**

## **VII. NOTIFICATIONS OF BREACHES**

In the case of a breach, Claudette Waite is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, Claudette Waite is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. Claudette Waite bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

## **VIII. PHI AFTER DEATH**

HIPAA privacy rules protect the individually identifiable health information about a decedent for 50 years following the date of the death of the individual. We may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

## **IX. INDIVIDUALS' RIGHT TO RESTRICT DISCLOSURES; RIGHT OF ACCESS**

To implement the 2013 HITECH Act, the Privacy Rule is amended. We are required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restricted healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.)

The 2013 Amendments also adopt the proposal in the interim rule requiring practices to provide you, the patient, a copy of PHI if you, the patient, requests it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that practices must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct the practice to transmit an electronic copy of the PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that the practice may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

## **XI. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on 8/28/2016

**I acknowledge receipt of this notice:**

**Client's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Client's Legal Representative (print)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_