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**Notice of Privacy Practices**

This notice describes how health information may be used and disclosed and how you can get access to this information. Please review it carefully.

1. **My pledge regarding health information:**

I am committed to protecting your health information. I create a record of the care and services I provide you. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by me. This notice will tell you about the ways in which I may use and disclose health information about you. It also describes your rights to the health information I keep about you, and certain obligations I have regarding the use and disclosure of your health information.

I am 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.

1. **How I may use and disclose health information about you:**

The following categories describe different ways in which I may use and disclose your health information:

* For treatment payment or health care operations: Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with a client to use or disclose the clients personal health information without the client's written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. For example, if a clinician were to consult another licensed health care professional about your condition, we would be permitted to use and disclose your personal health care information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your 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 in order to provide quality care. The word “treatment” includes, §among other things, the coordination of health care providers with a third party, consultations between health care providers, and referrals of a patient from one health care provider to another.
* Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or other administrative order.

1. **Certain issues and disclosures require your authorization.**
2. Psychotherapy Notes: I do keep “psychotherapy notes” as defined in 45 CFR § 164.501, and any use and disclosure of such notes requires your authorization unless the use or disclosure is:
3. For my use in treating you;
4. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy;
5. For my use in defending myself in legal proceedings instituted by you;
6. For use by Secretary of Health and Human Services to investigate my compliance with HIPAA;
7. Required by law and the use of disclosure is limited to the requirements of such law;
8. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes;
9. Required by a coroner who is performing duties authorized by law;
10. Required to help avert a serious threat to the health or safety of others.

2. Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI: As a psychotherapist, I will not sell your PHI in the regular course of my business.

**IV. Certain uses and disclosures do not require your authorization.**

Subject to certain limitations in the law, I can use and disclose your PHI without your authorizations 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, responding to a court or an administrative order;
5. For law enforcement purposes, including reporting crimes occurring on my premises;
6. To coroners and medical examiner, 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 a different form of therapy for the same condition;
8. Specialized government functions, such as ensuring proper execution of military missions; protecting the President of the United States; conducting intelligence and counterintelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions;
9. For workers’ compensations purposes;
10. Appointment reminders and health-related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives or other health care services and benefits.

**V. Certain uses and disclosures require you to have an opportunity to object.**

1. Disclosures to family, friends, and others. I may provide your PHI to a family member, aa friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**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 me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, especially if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid in Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations pusposes 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 I SendYour PHI to You. You have the right to ask me to contact you in a specific way (e.g. home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
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 that I have about you. I will provide you with a copy of your record, or a summary of it, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health carer operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, unless you make more than one request in the same year, in which case I will charge you a reasonable, cost-based fee for each additional request.
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, your have the right to request that I correct the existing information, or add the missing information. I may say “no” to your request, but I will notify you of the reason in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of This Notice. You have the right to get a paper and/ or an electronic copy of this Notice.

**Acknowledgement of receipt of privacy notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA0, 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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