

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND 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. This information about you may identify you and that relates to your past, present or future physical or mental health condition and related health care services, is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), and regulations promulgated under HIPAA, including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of the Notice of Privacy Practices that are most current and therefore I reserve the right to change the terms of this Notice of Privacy Practices at any time. Any changes will be effective for all PHI that I maintain. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website or providing one to you at your next appointment.

I. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Treatment: I may use and disclose limited information in order to provide treatment to you. Your PHI may be used and disclosed without authorization by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members.

Payment: I may use or disclose limited information from your record to obtain payment for the services you receive. For example, I may submit your diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered. Other 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.

Health care operations: I may use and disclose information without authorization, as needed, your PHI in order to support my business activities including, but not limited to, quality improvement activities, training programs, reviewing records to see how care can be improved, accreditation, certification, licensing or credentialing activities and conducting or arranging for other business activities. For example, I 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.

Required by law: Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

II. YOUR INDIVIDUAL RIGHTS

You have the following rights regarding PHI I maintain about you. If you wish to exercise any of these rights, please contact me at Peggy Braam, LPC, 313 Price Place, Suite 209, Madison, WI 53705, or by telephone at (608) 556-2388.

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. I 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 to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact me if you have any questions.

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Right to an accounting of disclosures: You have the right to request an accounting of certain of the disclosures that I make of your PHI. I 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. I am 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, I am required to honor your request for a restriction.

Right to request confidential communication: You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I 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. I will not ask you for an explanation of why you are making the request.

Breach notification: If there is a breach of unsecured PHI concerning you, I 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.

Right to complain: If you believe your rights have been violated, you have the right to complain to about our privacy. You may submit a written complaint to me. You will not face retaliation from us for making complaints. You also have the right to file a complaint to the Secretary of the Department of Health and Human Services:

The US Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington DC 20201
1 (877) 696-6775

III. USE OR DISCLOSURE OF YOUR PHI THAT I AM REQUIRED TO MAKE WITHOUT YOUR AUTHORIZATION

Applicable law permits me to disclose information about you without your authorization only in a limited number of situations. The following is a list of the other categories of uses and disclosures permitted by HIPAA without an authorization:

Child abuse or neglect: I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and administrative proceedings: I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased patients: I 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 prior to 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 years is not protected under HIPAA.

Medical Emergencies: I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I 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: With your authorization or in an emergency situation, I may disclose information to close family members or friends directly involved in your treatment.

Health oversight: If required, I 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 payers based on your prior consent) and peer review organizations performing utilization and quality control.

Law enforcement: I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), 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.

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Specialized government functions: I 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.

Public health: If required, I 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: I 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.

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

Fundraising: I will not send you fundraising communications without your authorization. You have the right to opt out of such fundraising communications with each solicitation you receive.

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

IV. USES AND DISCLOSURES REQUIRING YOUR 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 authorization. In addition, authorization may be required for the use or disclosure of PHI if a more stringent state or federal law applies, such as substance abuse treatment information protected by 42 C.F.R. Part 2. The following uses and disclosures will be made only with your written authorization:

Counseling notes: Notes recorded by your counselor documenting the contents of a counseling session with you (“Counseling Notes”) which are not included from the rest of your medical record will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.

Marketing communications: I will not use your health information for marketing communications without your written authorization.

Other uses and disclosures: Uses and disclosures other than those described in Section I & III above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send information to a school, or to your attorney. You may revoke any such authorization at any time.

— This notice is effective as of June 1, 2019 —