

## **HIPAA Notice of Privacy Practices**

### **I. THIS NOTICE DESCRIBES HOW TREATMENT INFORMATION ABOUT YOU:**

**A. MAY BE USED AND DISCLOSED, AND**

**B. HOW YOU CAN GET ACCESS TO THIS INFORMATION SHOULD YOU SO DESIRE.**

PLEASE REVIEW IT CAREFULLY.

### **II. IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR “PROTECTED HEALTH INFORMATION” (“medical information”).**

**A.** By law we are required to insure that your medical information is kept private.

**B.** The medical information constitutes information created or noted by us that can be used to identify you. It contains data about your past, present, or future health (including mental health) or condition, the provision of health care (including counseling) services to you, or the payment for such health care.

**C.** We are required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how we would use and/or disclose your medical information. Use of medical information means when we share, apply, utilize, examine, or analyze information within our practice; medical information is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, we may not use or disclose more of your medical information than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are always 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 medical information already on file with us. Should we make any significant changes to our policies, we will immediately change this Notice and post a new copy of it on our website, [www.SilverLiningsCounselingCT.com](http://www.SilverLiningsCounselingCT.com), and make it available from any of our counselors for your viewing. You may also request a copy of this Notice from us at any time.

### **III. HOW WE WILL USE AND DISCLOSE YOUR MEDICAL INFORMATION**

We will use and disclose your medical information 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 our uses and disclosures, with some examples.

**A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations that Do Not Require Your Prior Written Consent.** We may use and disclose your medical information without your consent for the following reasons:

**1. For treatment.** We can use your medical information within our practice (Silver Linings) to provide you with mental health treatment, including discussing or sharing your medical information with Silver Linings therapists, staff and supervisors, trainees and interns. Example: We may discuss your treatment with a supervisor or consult with another Silver Linings’ therapist in order to facilitate your care.

**2. For health care operations.** We may disclose your medical information to facilitate the efficient and correct operation of our practice. Example: We may provide your medical information to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.

**3. To obtain payment for treatment.** We may use and disclose your medical information to bill and collect payment for the treatment and services we provided you. Example: We might send your medical information to your insurance company or health plan in order to get payment for the health care services that we have provided to you. We could also provide your medical information to business associates, such as billing companies or collection companies.

**4. Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your medical information.

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

**1. Danger to self or others.** 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. If disclosure is compelled or permitted by the fact that you tell us of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

**2. Child or Elder Abuse.** We are mandated to report any reasonable suspicion or disclosure of child or elder abuse.

**3. When disclosure is required by legally.** By federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. In response to a court order, subpoena, warrant, summons, or similar process. To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime, if, under certain limited circumstances, I am unable to obtain the person's agreement. About the death I believe may be the result of criminal conduct; About criminal conduct at the practice; and In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

**4. For health oversight activities.** 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.

**5. For specific government functions.** Examples: We may disclose medical information of military personnel and veterans under certain circumstances. Also, we may disclose medical information in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

**6. For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.

**7. Appointment reminders and health related benefits or services.** Examples: We may use medical information to provide appointment reminders. We may use medical information to give you information about alternative treatment options, or other health care services or benefits we offer.

**8. For Workers' Compensation purposes.** We may provide medical information in order to comply with Workers' Compensation laws.

**C. Other Uses and Disclosures of your medical information Require Your Prior Written Authorization.**

In any other situation not described in Sections IIIA and IIIB above, we will request and must obtain your written authorization before using or disclosing any of your medical information.

Even if you have signed an authorization to disclose your medical information, you may later revoke that authorization, in writing, to stop any future uses and disclosures of your medical information by us.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR MEDICAL INFORMATION**

These are your rights with respect to your medical information:

**A. The Right to Request Limits on Uses and Disclosures of Your medical information.** You have the right to ask that we limit how we use and disclose your medical information. While we will consider your request, 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 we are legally required or permitted to make.

**B. The Right to Amend Your medical information.** If you believe that there is some error in your medical information or that important information has been omitted, it is your right to request that we correct 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 our receipt of your request. We may deny your request, in writing, if we find that: the medical information is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than us. 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 medical information. If we approve your request, we will make the change(s) to your medical information. (We are not obligated to delete any information, only add corrections or additions.) Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your medical information.

**C. The Right to Get a List of the Disclosures We Have Made.** You are entitled to a list of disclosures of your medical information that we have made. 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; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we give you will include disclosures made in the previous six years (if applicable) unless you indicate a shorter period. The list will include the date of the disclosure, to whom medical information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable sum based on a set fee for each additional request.

**D. The Right to See and Get Copies of Your medical information.** In general, you have the right to see your medical information that is in our possession, or to get copies of it; however, you must request it in writing. If we do not have your medical information, but we know who does, we will advise you how you can get it. You will receive a response from us within 30 days of our receiving your written request. A fee may be associated with the copying and/or mailing of information.

Under certain circumstances, we may decide that we must deny your request, but if we do, we will give you, in writing, the reasons for the denial. We will also explain your right to have our denial reviewed. We will comply with the outcome of the review.

**E. The Right to Choose How We Send Your medical information to You.** It is your right to ask that your medical information 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 providing that we can give you the medical information, in the format you requested, without undue inconvenience. We may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**F. The Right to view this notice.** You can view this notice on our website at [www.SilverLiningsCT.com](http://www.SilverLiningsCT.com). 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 medical information, 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 OUR 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 the privacy officer at Silver Linings, listed below:

Ashley Cleary, LMFT  
227 Main St.  
Danielson, CT 06239

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

This notice went into effect on April 4, 2015