

Willowbark Psychological & Consultation Services PA

484-734-0745

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on 4/25/2023.

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that Willowbark Psychological & Consultation Services PA and your provider (also referred to as “we” and “I” throughout the remainder of this document) provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your PHI in greater detail.

The law requires that we obtain your signature acknowledging that we have provided you with this. If you have any questions, it is your right and obligation to ask so we can have a further discussion prior to signing this document. When you sign this document, it will also represent an agreement between you, your provider, and Willowbark Psychological & Consultation Services PA. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. 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 this psychological services practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe 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.
- I reserve the right to change the privacy policies and practices described in this notice, and such changes will apply to all information I have about you. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice as soon as feasible.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. Not every use or disclosure in a category will be

listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client'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.

Treatment: I may use and disclose your health information internally in the course of your treatment. If a clinician were to consult with another qualified health care provider about your condition, we would be permitted to do so using deidentified information, in order to assist the clinician in diagnosis and treatment of your mental health condition. If there is a need to provide information outside of our practice for your treatment by another health care provider, I will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.

Payment: I may use and disclose your health information to obtain payment for services provided to you as delineated in the informed consent for psychotherapy and practice policies.

Health Care Operations: I may use and disclose your health information as part of our internal operations. For example, quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. Please note clinicians do not necessarily keep psychotherapy notes on all clients or for all sessions.

1. Psychotherapy Notes. Providers may 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: a. For my use in treating you. b. 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. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and 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 AND LIMITS ON CONFIDENTIALITY.

The law protects the privacy of all communication between a patient and clinician. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary, and obtain a signed, written release from you in nonemergency situations wherever permitted and/or feasible. Subject to certain limitations in the law, I may use and disclose your PHI without your Authorization 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. There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:
 - If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the state child abuse hotline/website within which treatment is being provided, and/or the state where the actions may have taken place. Once such a report is filed, I may be required to provide additional information.
 - If I know or have reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, the law requires that I file a report with the state within which treatment is being provided and/or the state where the actions may have taken place. Once such a report is filed, I may be required to provide additional information.
 - If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.
3. Impaired Driving. If it is apparent that you are unable to safely operate a vehicle at the time of your departure if attending an in-person session, I am obligated to inform the police in order to protect the safety of the general public. Likewise, if it is apparent that you are unable to safely operate a vehicle for medical or other reasons and disclose that you continue to drive, I may be required to notify authorities to ensure public safety.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the clinician-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the

subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.

5. For law enforcement purposes, including reporting crimes occurring on premises where services are taking place and missing persons.
6. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law, such as s for identification of a deceased person or to determine cause of death.
8. For research purposes when the information is de-identified or when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. If a patient/client files a worker's compensation claim, and I am providing necessary treatment related to that claim, I may, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider. Although my preference is to obtain an Authorization from you, I may be required to provide your PHI in order to comply with workers' compensation laws.
11. 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 or benefits that I offer.
12. If a patient files a complaint or lawsuit against Willowbark Psychological & Consultation Services PA/provider, we may disclose relevant information regarding that patient/client in order to defend the provider.
13. I may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I 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.

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

1. The Right to Request Restrictions on Uses and Disclosures of Your PHI. You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

2. The Right to 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.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
5. 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, or inspect your medical record (or both). I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 15 days of receiving your written request. I may charge a reasonable, cost-based fee, based on your state’s per-page copy charge allowances. Payment for your medical records will be due upon receipt and the records can be sent in electronic form or paper copy. There are some limited exceptions to usual records access, which I will discuss with you upon request and/or if applicable.
6. 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 care 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, but if you make more than one request in the same year, I may charge you a reasonable cost based fee for each additional request.
7. The Right to Amend 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 I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
8. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
9. The Right to Revoke an Authorization. You may revoke all authorizations of PHI or psychotherapy notes at any time, provided each revocation is in writing.
10. The Right to Release Information with Written Consent: With your written consent, any part of your record can be released to any person or agency you designate. Together, we may discuss whether releasing the information in question to that person or agency might be harmful to you.

11. The Right to Choose Someone to Act for You: If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.

12. Right to Notification of any Breach. If there is a breach of your confidentiality, then we must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless your provider can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

COMPLAINTS

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact your treating provider or Amanda Anderson, Psy.D. at Willowbark Psychological & Consultation Services PA at 484-734-0745, your State of residence's Department of Health, or the Secretary of the U.S. Department of Health and Human Services. Secretary of Health and Human Services, Immediate Office of the Secretary, Hubert Humphrey Bldg., 2000 Independence Ave. SW, Washington, DC, 20201, Phone: 202-690-7000. You have specific rights under the Privacy Rule. Your Federally defined rights are under 45 CFR Parts 160 and 164 (HIPAA Privacy Standards). There will not be retaliation against you or interference with your services for exercising your right to file a complaint.

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. This is a copy of Willowbark Psychological and Consultation Services PA's HIPAA Notice of Privacy Practices.