

HIPPA & Notice of Privacy Practices *

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HIPPA & NOTICE OF PRIVACY PRACTICES

Positive Mind Counseling and Therapeutic Services, LLC (PMCTS) is committed to maintaining and protecting the confidentiality of your protected health information (PHI). PMCTS is required by federal and state law, including the Health Insurance Portability and Accountability Act ("HIPAA"), to protect your PHI and other personal information. **PMCTS** is required to provide you with this Notice of Privacy Practices regarding our specific policies, safeguards, and practices. When **PMCTS** uses or discloses your PHI, **PMCTS** is bound by the terms of this Notice of Privacy Practices, or the revised notice of Privacy Practices, if applicable.

Our Pledge Regarding Your Protected Health Information:

We understand that health information about you and your health care is personal. **PMCTS** is committed to protecting health information about you. **PMCTS** creates a record of the care and services you receive from us. We 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 mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health

information

- Follow the terms of the notice that is currently in effect

PMCTS can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request and in your client portal.

How We May Use and Disclose Your Health Information:

The following describes the ways **PMCTS** may use and disclose PHI. Except for the purposes described below, **PMCTS** will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to **PMCTS's** Privacy Officer: **Chelsea Totaro, LCSW**.

For Treatment: We may use and disclose PHI for your clinical social work services. For example, **PMCTS** may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside **PMCTS**, who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose PHI to bill and receive payment from you. **PMCTS is a private pay practice and does not submit claims to insurance or third-party payors**, with exception of Princeton University Aetna Student Health Plan. However, we do provide you with documentation (superbills) that you may submit to your insurance for potential reimbursement.

For Health Care Operations: We may use and disclose PHI for health care operation purposes. The uses and disclosures are necessary to make sure that all **PMCTS** patients receive quality care and to operate and manage our office.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services: We may use and disclose PHI to contact you to remind you that you have an appointment with **PMCTS**. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Incidental Use and Disclosure: We are not required to eliminate every risk of an incidental use or disclosure of your PHI. Specifically, a use or disclosure of your PHI that occurs as a result of, or incident to an otherwise permitted use or disclosure is permitted as long as I have adopted reasonable safeguards to protect your PHI, and the information being shared was limited to the minimum necessary.

Special Situations in Which I May Disclose PHI Without Your Consent:

As Required by Law: We will disclose PHI when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such as law enforcement or potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

Law Enforcement: We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, **PMCTS** is unable to obtain your agreement; (4) about a death **PMCTS** believes may be the result of criminal conduct; (5) about criminal conduct on **PMCTS** premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Abuse or Neglect: We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the required mandated report.

Essential Government Functions: We may be required to disclose your PHI for certain essential government functions. Such functions include but are not limited to: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

Business Associates: We may disclose PHI to any business associates that perform functions on our behalf or provide **PMCTS** with services if the information is necessary for such functions or services. All of **PMCTS's** business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, **PMCTS** may disclose PHI in response to a court or administrative order. **PMCTS** also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute or to allow you to obtain an order protecting the information requested.

Health Oversight: We 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 payors) and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.

Psychotherapy Notes: If kept as separate records, we must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. We may use the notes for your treatment. We may also use or disclose, without your authorization, the psychotherapy notes are for my own training, to defend myself in legal or administrative proceedings initiated by you, as required by applicable state agencies or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight, for the lawful activities of a coroner or medical examiner or as otherwise required by law.

You Have the Following Rights with Respect to Your PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. **PMCTS** is not required to agree to your request, and we may decline if we believe it would affect your health care.

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.

The Right to Choose How We Send PHI to You: You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

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 we have about you. **PMCTS** will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.

The Right to Get a List of the Disclosures We Have Made: You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. **PMCTS** will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last 6 years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

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, you have the right to request that we correct the existing information or add the missing information. **PMCTS** may decline your request, but we will tell you why in writing within 60 days.

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. This notice will be available in your client portal.

Right to Get Notice of a Breach: **PMCTS** is committed to safeguarding your PHI. If a breach of your PHI occurs **PMCTS** will notify you in accordance with state and federal law. Notification will be provided in writing via secure mail or secure electronic communication within 60 days of discovery of the breach.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI **PMCTS** uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend.

To request a restriction, you must make your request, in writing, to our Privacy Officer. **PMCTS** is not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid **PMCTS** out-of-pocket in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to comply with law. If we do not agree, we will provide an explanation in writing.

Out-of-Pocket Payments: If you pay out-of-pocket (or in other words, you have requested that **PMCTS** not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Contact Information: PMCTS Privacy Officer: Chelsea Totaro, LCSW **Address:** 2062 Pennington Rd, Ewing, NJ 08618
Email: positivemindcts@gmail.com

Complaints: If you believe your privacy rights have been violated, you may file a complaint with:

Our Office: Practice: PMCTS Privacy Officer: Chelsea Totaro, LCSW **Address:** 2062 Pennington Rd, Ewing, NJ 08618
Email: positivemindcts@gmail.com

U.S. Department of Health and Human Services: Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 1-877-696-6775 www.hhs.gov/ocr

You will not be retaliated against for filing a complaint.

Acknowledgment 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. By clicking in the checkbox below, you are acknowledging that you have received a copy of this HIPAA Notice of Privacy Practices.