# Notice of Privacy Practices

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

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## I. My commitment regarding your health information

Health information about you and your care is personal, and I am committed to protecting it. I keep a record of the care you receive from me; I need that record to provide good care and to meet legal requirements. This notice applies to all records of your care generated by my practice. It describes the ways I may use and disclose health information about you, your rights regarding that information, and my obligations. I am required by law to keep protected health information ("PHI") that identifies you private; to give you this notice of my legal duties and privacy practices; to follow the terms of the notice currently in effect; and to notify you if a breach of your unsecured PHI occurs.

I may change the terms of this notice, and any change will apply to all information I hold about you. The current notice is available on request, in my office, and on my website.

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## Practices I hold myself to

The law sets a floor. My own practices go further, and by stating them here I bind myself to them.

I do not use automated transcription or note-generation tools. Any notes or transcripts are made by me, or by a person bound by the same duty of confidentiality that binds me. Sessions are not recorded by either of us unless we have agreed to it in writing for a specific purpose.

My working notes on our sessions are kept apart from your clinical record and are never released with it.

I share nothing with an insurer beyond a superbill you have chosen to submit, and nothing further without discussing it with you first.

I do not sell your information, and I do not use it for marketing. Beyond the disclosures described elsewhere in this notice, I share it only with the services required to run my practice — scheduling, billing, secure messaging — and only under contractual agreements that require them to protect it and forbid them from using it for their own purposes.

Where the law would permit a disclosure but not require it, my default is to ask you first.

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## II. How I may use and disclose health information about you

The categories below describe the ways I may use and disclose health information. Not every use or disclosure is listed, but all permitted uses fall within one of these categories.

*Treatment, payment, and health care operations.* Federal privacy rules allow a health care provider with a direct treatment relationship to use or disclose a client's health information without written authorization to carry out the provider's own treatment, payment, or health care operations. For example, if I consult with another licensed health care provider about your care, I may share your information for that purpose. Disclosures for treatment are not limited to the "minimum necessary" standard, because providers need complete information to give good care. "Treatment" includes coordination among providers, consultation between providers, and referral from one provider to another.

*Payment, in my practice.* I am out of network with all insurance plans. If you choose to submit a superbill to your plan for out-of-network reimbursement, that superbill carries a diagnosis code, which insurers require. Plans sometimes ask for additional information before they reimburse. Although the law permits disclosure to your health plan for payment purposes, my practice is to discuss any such request with you first and to send nothing beyond the superbill without your agreement.

*Lawsuits and disputes.* If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information

requested.

*Practice across state lines*. I am licensed in Missouri and Arkansas and, through the PSYPACT interstate agreement, may provide telehealth to clients located in other participating states. The privacy laws of the state where you are located during a session may also apply to your information.

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## III. Uses and disclosures that require your authorization

*Psychotherapy notes*. I keep "psychotherapy notes" as that term is defined in federal law (45 CFR § 164.501) — my own working notes on our sessions, kept separately from your clinical record. They are not released with a request for your records. Any use or disclosure of these notes requires your written authorization, except: for my own use in treating you; for my use in training or supervision, to improve my clinical work; to defend myself in a legal proceeding you bring; for the Secretary of Health and Human Services to investigate my HIPAA compliance; where required by law, limited to what the law requires; for certain health-oversight activities relating to me as their author; for a coroner performing lawful duties; or to help avert a serious threat to the health or safety of others.

*Marketing*. I will not use or disclose your PHI for marketing purposes.

*Sale of information*. I will not sell your PHI.

Any other use or disclosure not described in this notice will be made only with your written authorization, which you may revoke in writing at any time.

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## IV. Uses and disclosures that do not require your authorization

Subject to limits in the law, I may use and disclose your PHI without authorization: when required by state or federal law, limited to what the law requires; for public health activities, including reporting suspected abuse or neglect of a child, elderly person, or dependent adult, or preventing or reducing a serious threat to anyone's health or safety; for health oversight activities, including audits and investigations; for judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain your authorization first; for law enforcement purposes, including reporting a crime on my premises; to coroners or medical examiners performing lawful duties; for specialized government functions, such as military, national security, or correctional purposes; for workers' compensation purposes, where required to comply with workers' compensation law, although my preference is to obtain your authorization first; and to contact you

with appointment reminders or to tell you about treatment alternatives or other services I offer.

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## V. Uses and disclosures where you have the opportunity to object

*Family, friends, and others involved in your care.* I may share your PHI with a family member, friend, or other person you indicate is involved in your care or in paying for it, unless you object in whole or in part. In an emergency, your agreement may be obtained afterwards.

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## VI. Your rights regarding your PHI

*To request limits on uses and disclosures.* You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree, and may decline if I believe it would affect your care.

*To restrict disclosures for care you have paid for in full.* If you pay for a service in full out of pocket, you may ask me not to disclose information about that service to your health plan for payment or operations purposes, and I must agree.

*To choose how I contact you.* You may ask me to contact you in a specific way — for example, at a particular phone number — or at a different address, and I will agree to all reasonable requests.

*To see and receive copies of your PHI.* Other than psychotherapy notes, you have the right to an electronic or paper copy of your record and other information I hold about you. I will provide a copy, or a summary if you agree to one, within 30 days of your written request, and may charge a reasonable, cost-based fee.

*To an accounting of disclosures.* You may request a list of disclosures I have made of your PHI for purposes other than treatment, payment, or health care operations, or under an authorization you provided. I will respond within 60 days. The list will cover the previous six years unless you request a shorter period. The first request in a year is free; additional requests may carry a reasonable, cost-based fee.

*To request correction.* If you believe your PHI is incorrect or incomplete, you may request a correction or addition. I may decline, but will tell you why in writing within 60 days.

*To a copy of this notice*. You have the right to a paper copy of this notice at any time, even if you have agreed to receive it electronically.

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## VII. Complaints

If you believe your privacy rights have been violated, you may file a complaint with me by contacting me at the address or phone number above, or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. I will not retaliate against you for filing a complaint.

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