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## **Notice of HIPPA Privacy Practices**

Privacy about you and your mental health is important. We are committed to protecting your privacy. By law, as your provider, we must maintain the privacy of your mental health information and give this notice to you that describes our legal duties and practice. In general, when we release your mental health information, we must release only what we need to achieve the purpose of the use or disclosure. Your personal mental health information will be available for release to you, regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

We reserve the right to change privacy practices described in this notice in accordance with the law. Changes to our privacy practices would apply to all mental health information we maintain. If we change our policy, we will give you a revised copy of this privacy notice.

In order for health care providers to provide services, it is necessary for you to acknowledge receipt of this notice and sign a consent to treatment.

Once you have signed our consent form, we can use your mental health information for the following purposes:

**TREATMENT:** Treatment notes, dates and times of appointments will be documented in your mental health record so that we and other health care professionals can make informed decisions about your care.

**PAYMENT:** In order for insurance companies to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided. As a result, we will pass such medical health information onto the third-party payer in order to help receive payment for your medical bills. We may also be required to provide copies of your entire case record to the insurance company if requested by them.

**MENTAL HEALTH CARE OPERATIONS:** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care. These activities may include evaluating the performance of your mental health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations. This may occur when a third party payer requires information to evaluate quality of care, or when research is done to upgrade the utility of a test.

Without your written consent or authorization we can use your mental health information for the following purposes:

**AS REQUIRED BY LAW:** We will disclose mental health information about you when required to do so by federal, state, or local law. We may have to report abuse, specific homicidal threats, neglect, domestic violence or certain physical injuries, or to respond to a court order.

**FOR MENTAL HEALTH OVERSIGHT:** We may disclose your mental health information to authorities so they can monitor, investigate, inspect, discipline, or license those who work in the mental health care system or for government benefit programs.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** As required by law and standards of ethical conduct, we may release your mental health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to the public's or to your mental health or safety.

## SPECIAL SITUATIONS

**MILITARY and VETERANS:** If you are a member of the armed forces, we may release mental health information about you as required by military command authorities, national security, or intelligence activities. We may also release mental health information about foreign military personnel to the appropriate foreign military authority.

**LAW ENFORCEMENT:** If you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your mental health information to the proper authorities.

**WORKERS' COMPENSATION:** We may release mental health information about you for workers' compensation or similar programs in order to comply with workers' compensation law. These programs provide benefit for work-related injuries or illness.

**LAWSUITS and DISPUTES:** If you are involved in a lawsuit or dispute, we may disclose mental health information about you in response to a request to a court or administrative order. We may also disclose mental health information about you 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.

**INDEPENDENT EVALUATIONS:** For claimants undergoing independent evaluations, we may disclose your mental health information directly to the independent evaluation company and/or insurance company as by your claim you will have provided consent for the evaluation and disclosure.

**LAW ENFORCEMENT:** We may release mental health information if asked to do so by law enforcement officials.

- 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, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the provider's 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.

**NATIONAL SECURITY and INTELLIGENCE ACTIVITIES:** We may release mental health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES for the PRESIDENT and OTHERS:** We may disclose mental health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**NOTE:** Except for the situations listed above, we must obtain your specific written authorization for any other release of your mental health information. Your provider may still assess or treat you, even if you do not wish to sign this authorization form. If you do sign, you may withdraw your authorization at any time as long as you do so in writing. If you wish to withdraw your authorization, please submit your withdrawal to your provider.

#### YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding mental health information we maintain about you:

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy mental health information that may be used to make decisions about your care. Usually this includes mental health and billing records, but does not include psychotherapy notes or original test protocols, or information gathered for judicial proceedings or independent evaluations. We may charge you a reasonable fee if you want a copy of your mental health information.

**RIGHT TO AMEND:** If you feel that mental health information we have about you is incorrect or incomplete, you may ask us to correct the information. Your request must be made in writing and submitted to your provider. In addition, you must provide a reason that supports your request. We may deny your request if the information:

- Was not created by us, unless the person or entity that created the information is no longer available to make the change;
- Is not part of the mental health information kept by the provider;
- Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of mental health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to your provider. Your request must state a time period not longer than seven years and may not include dates before January 1, 2002. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will not include in the list disclosures made to you, or for purposes of treatment, payment, mental health care operations, our directory, national security, law enforcement/corrections, and certain mental health oversight activities.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction on the mental health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the mental health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you may ask that we not disclose information about a treatment you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to your provider. In your request, you must tell us:

- What information you want to limit
- Whether you want to limit our use, disclosure, or both
- To whom you want the limits to apply.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about mental health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to your provider. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**COMPLAINTS:** If you believe your rights have been violated, you may file a complaint with your provider or with the Secretary of the Department of Health and Human Services. To file a complaint, contact Renee Gusman. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MENTAL HEALTH INFORMATION:** Other uses and disclosures of mental health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose mental health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose mental health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

I agree to the HIPPA privacy practices of Bright Side, LLC.

Client's/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_