

NOTICE OF PRIVACY PRACTICES

This is a Notice of Privacy Practices as required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health of 2009 (HITECH), the Omnibus Rule of 2013, and other revisions. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions, please contact: Ya'el Chaikind, MPH, MA, LMHC (yaelchaikindcounseling@gmail.com).

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical records and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee. Your right to inspect or obtain a copy of your medical record includes patient medical records and billing records but does not include psychotherapy notes, as provided for in 45 CFR § 164.524.
- **Ask me to correct your medical record.** You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, but I will tell you in writing within 60 days. I may deny your request if you ask me to amend information that is in my opinion (a) accurate and complete; (b) not part of the patient information kept by my practice; (c) not part of the patient information which you would be permitted to inspect or copy, or (d) not created by my practice, unless the individual or entity that created the information is not available to amend the information.
- **Request confidential communications.** You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.
- **Ask me to limit what I use or share.** You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment of our operations with your health insurer. I will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom I have shared information.** You can ask for a list of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months.
- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **File a complaint if you feel your rights are violated.** If at any time, for any reason, you are dissatisfied with my services or feel I have violated your rights, please contact me using the information at the top of this page to discuss. If I am not able to resolve your concerns, you may report your complaints to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201 or calling 877.696.6775. You can also file a complaint with the New Mexico Counseling and Therapy Practice Board by sending a letter to New Mexico Counseling and Therapy Practice Board PO BOX 25101 Santa Fe, NM 87504, calling 505.476.4622, or emailing counselingboard@state.nm.us.
- **Adolescents.** If you are an adolescent between the ages of 14 and 18, the same general rules apply as those with adults. Disclosure of information about you to your school or other professionals will generally be done with your written consent as well as that of your parent(s). Information may be disclosed about you to your parents without your consent, if, in the opinion of your mental health professional, the disclosure is deemed in your best interest.

• **For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to me regarding the use and disclosure of your health information may be revoked at any time in writing. In these cases, you have both the right and choice to tell me to: Share information with your family, close friends, or others involved in your care and share information in a disaster relief situation.

• **Right to provide an authorization for other uses and disclosures.** If you are not able to tell me your preference, for example, if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

MY USES AND DISCLOSURES

I typically use or share your health information in the following ways:

- **Treat you.** I can use your health information and share it with other licensed mental health care professionals (with assured confidentiality), to communicate with other health professionals concerning your care with your explicit consent, to plan your care and treatment, to reach a diagnosis, and to document services for payment and reimbursement.
- **Run my organization.** I can use and share your health information to run my practice, improve your care, and contact you when necessary.
- **Bill for your services.** I can use and share your health information to bill and get payment from health plans or other entities.

How else can I use or share your health information? I am allowed or required to share your information in other ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Public health and safety issues.** I can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety. I am a mandated reporter, which means I am required by law to report child/elder abuse or neglect to public health authorities.
- **Comply with the law.** I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see if I am complying with federal privacy law.
- **Work with a law enforcement and other government agencies.** I can use or share health information about you for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services. I may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) if required by the appropriate authorities.
- **Respond to lawsuits and legal actions.** I can share health information about you in a response to a court or administrative order, or in response to a subpoena or discovery process. I will make an effort to inform you of the request or to obtain an order protecting the information the party has requested.

MY RESPONSIBILITIES

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

If the terms of this notice change, the new notice will be available upon request, in my office, and on my web site.

This Notice of Privacy Practices is effective as of 10.1.18.