

## **Notice of Privacy Practices**

**Transitions Therapy, LLC**  
**Effective Date: Sept 1, 2014**

Purpose of this notice: This notice of privacy practices is meant to inform you of the ways we, Transitions Therapy LLC, may use or disclose your protected health information (PHI). It also describes your rights to access and control your PHI and certain obligations we have regarding the use and disclosure of your PHI.

Your PHI is information about you created and received by Transitions Therapy, LLC, including demographic information, that may reasonably identify you and that relates to your past, present, or future physical or mental health condition, or payment for the provision of your health care. Transitions Therapy, LLC is required by law to maintain the privacy of your PHI, and adheres to the strictest privacy standards. You have the right to and will receive notification from Transitions Therapy, LLC in the event of any breach of the security of your PHI.

Transitions Therapy, LLC is also required by law to provide you with this notice of our legal duties and privacy practices with respect to your PHI, as well as abide by the terms of the notice that is currently in effect. However, Transitions Therapy LLC may change this notice at any time, and in such an event, you will be provided with a revised copy of this privacy notice. In such an event, the new revised notice of privacy practices will apply to all of your PHI maintained by Transitions Therapy, LLC.

### How We May Use or Disclose your Protected Health Information (PHI):

Transitions Therapy, LLC will ask you to sign a consent form that allows Transitions Therapy, LLC to use and/or disclose your PHI for treatment, payment, and healthcare operations. You will also be asked to sign a form acknowledging receipt of this privacy practices notice.

The following categories describe some of the ways Transitions Therapy, LLC may use and/or disclose your PHI. Transitions Therapy LLC will make all reasonable efforts to limit access to your PHI to those persons or classes of persons, as appropriate, in our workforce who need access to carry out their duties.

-For treatment: Transitions Therapy, LLC may use and/or disclose your PHI to provide you with medical treatment and related services. Your PHI may be used to refer you to other providers or to send your records to another treating health care professional. If we are permitted to do so, Transitions Therapy, LLC may also disclose your PHI to individuals or facilities that will be involved with your care after you end treatment with Transitions Therapy, LLC, or for other treatment-related reasons. Transitions Therapy, LLC may also use and/or disclose your PHI in an emergency situation.

-For payment: Transitions Therapy, LLC may use and/or disclose your PHI so that we can bill and receive payment for the treatment and related services you receive. For billing and payment purposes, we may disclose your PHI to your payment source, including an insurance or managed care company, Medicare, Medicaid, or another third party payor. This information may include diagnosis, dates of attendance, and treatment plans.

-For health care operations: Transitions Therapy, LLC may use and/or disclose your PHI as necessary for operations of the practice, such as quality assurance, medical review, legal services, auditing functions, and general administrative activities of Transitions Therapy, LLC.

-Business associates: Transitions Therapy, LLC may use some services provided by business associates; such as billing, accounting, or legal consultants. We may disclose your PHI so that they can perform the duties required of them by Transitions Therapy, LLC.

-Appointment reminders: Transitions Therapy, LLC may use and/or disclose your PHI to contact you as a reminder for your appointments with Transitions Therapy, LLC.

-Individuals involved in your care or payment for your care: Unless you object, Transitions Therapy, LLC may disclose your PHI to a family member, relative, close friend, or any other person you identify, if the information relates to the person's involvement in your healthcare, to notify the person of your location or general condition or payment related to your health care. In addition, Transitions Therapy, LLC may disclose your PHI to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure, Transitions Therapy, LLC may disclose such information if we determine that it is in your best interest based on professional judgment, or if we reasonably infer that you would not object.

-Public health activities: Transitions Therapy, LLC may disclose your PHI to a public health authority that is authorized by law to collect or receive such information, such as: for the purpose of preventing or controlling disease, injury, or disability, reporting births, deaths, or other vital statistics, reporting child abuse or neglect, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

-Health oversight activities: Transitions Therapy, LLC may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and disciplinary actions.

-Judicial and administrative proceedings: If you are involved in a lawsuit or dispute, Transitions Therapy, LLC may disclose your PHI in response to your authorization or a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

-Law enforcement: Transitions Therapy, LLC may disclose your PHI for certain law enforcement purposes if permitted or required by law. For example, to report gunshot wounds, emergencies

or suspicious deaths, to comply with a court order, warrant, or similar legal process, or to answer certain requests for information concerning crimes.

-To avert a serious threat to health or safety – Transitions Therapy, LLC may use and disclose your PHI when necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person. Any disclosure, however, would be to someone to be able to help prevent the threat.

-Coroners, medical examiners, funeral directors, organ procurement organizations: Transitions Therapy, LLC may release your PHI to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissues.

-Military and national security: If required by law, if you are a member of the armed forces, Transitions Therapy, LLC may use and disclose your PHI as required by military command authorities or the Department of Veterans Affairs. If required by law, we may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law. If required by law, we may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

-Workers' compensation: Transitions Therapy, LLC may disclose your PHI as permitted by laws relating to workers' compensation or related programs.

**Special Rules Regarding Disclosure of Behavioral Health, Substance Abuse, and HIV-Related Information** - For disclosures concerning PHI relating to care for psychiatric conditions, substance abuse, or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant, or other legal process unless you sign a special authorization or a court orders that disclosure.

- Behavioral health information – Certain behavioral health information may be disclosed for treatment, payment, and health care operations as permitted or required by law. Otherwise, Transitions Therapy, LLC will only disclose such information pursuant to an authorization, court order, or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist, social worker, and certain therapists and counselors will be privileged and confidential in accordance with State and Federal law.
- Substance abuse treatment information – If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse related patient records is protected by Federal law and regulations. Generally, Transitions Therapy, LLC may not say to a person outside the practice that you are in treatment, or disclose any information identifying you as an individual being treated for drug and alcohol abuse unless 1. You consent in writing, 2. This disclosure is allowed by a court order, or 3. This disclosure is made to medical personnel in a medical emergency or to qualified personnel for research

or audit. Violation of these Federal laws and regulations by Transitions Therapy, LLC is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulation. \* Federal laws do not protect any information about a crime committed by a client at a substance abuse program, or against any person who works for the program, or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

- HIV-related information: Transitions Therapy, LLC may disclose HIV-related information as permitted or required by State law.
- Minors –Transitions Therapy, LLC will comply with State law when using or disclosing PHI of minors.

**When Transitions Therapy, LLC may not use or disclose your protected health information:**

Except as described in this notice, or as permitted by State or Federal law, we will not use or disclose your protected health information (PHI) without your written authorization.

Your written authorization will specify particular uses or disclosures that you choose to allow. If you do authorize Transitions Therapy, LLC to use or disclose your PHI for reasons other than treatment, payment, or health care operations, you may revoke your authorization in writing at any time by contacting Transitions Therapy, LLC. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by the authorization, except where Transitions Therapy, LLC has already relied on the authorization.

Examples of uses and disclosures that require your authorization:

- Psychotherapy notes: A signed authorization is required for the use or disclosure of psychotherapy notes except for our own use to treat you, for training programs, and to defend Transitions Therapy, LLC in a legal action or other proceedings.
- Sale of protected health information: Except when permitted by law, Transitions Therapy, LLC will not sell your PHI unless we receive a signed authorization from you.
- Uses and disclosures not described in this notice: Unless otherwise permitted by Federal or State law, other uses and disclosures of your protected health information (PHI) that are not described in this notice will be made only with your signed authorization.

Your Health Information Rights

You have the following rights with respect to your PHI. The following briefly describes how you may exercise these rights.

1. Right to request restrictions of your PHI
2. Right to receive an accounting of disclosures of PHI
3. Right to obtain a paper copy of privacy notice.
4. Right to request transmission of your PHI in electronic format

5. Right to complain: You may file a complaint with Transitions Therapy, LLC or the Secretary of Health and Human Services if you believe your privacy rights have been violated by Transitions Therapy, LLC. You will not be penalized or retaliated against for filing a complaint and we will make every reasonable effort to resolve your complaint with you.
6. Right to receive confidential communications
7. Right to access, inspect and copy your PHI
8. Right to amend your PHI