

9.15.2019

Notice of Privacy Practices

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information. This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules.

We are required by law to maintain the privacy of Protected Health Information and to provide you with notice our legal duties and privacy practices with respect to Protected Health Information. Please note that we reserve the right to change the terms of this Notice and Privacy Practices at any time as permitted by law. Any new Notice of Privacy Practices will be effective for all Protected Health Information that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use or disclose your protected health information, for treatment, payment, and health care operations purposes with your consent.

For Treatment

We can use your Protected Health Information to provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician, psychiatrist, psychologist and other licensed health care providers who provide you with health care services or are otherwise involved in your care. We also may disclose Protected Health Information to any other consultant only with your authorization.

For Payment

We may use and disclose Protected Health Information so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

For Health Care Operations

We may use or disclose, as needed, your Protected Health Information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your Protected Health Information with third parties that perform various business activities (e.g., billing or typing services) provided We have a written contract with the business that requires it to safeguard the privacy of your Protected Health Information.

III. Uses and Disclosures That does not require Consent nor Authorization

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

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Child Abuse or Neglect

We may disclose your Protected Health Information to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings

We may disclose your Protected Health Information pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients

We may disclose Protected Health Information regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. Protected Health Information of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies

We may use or disclose your Protected Health Information in a medical emergency situation to medical personnel only in order to prevent serious harm. We will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care

We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight Activities

If required, We may disclose Protected Health Information 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 payers based on your prior consent) and peer review organizations performing utilization and quality control.

Worker's Compensation

If you file a worker's compensation claim, and we are treating you for the issues involved with that complaint, then we must furnish to the chairman of the Worker's Compensation Board records which contain information regarding your psychological condition and treatment.

Law Enforcement

We may disclose Protected Health Information to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Public Safety

We may disclose your Protected Health Information if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission

We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

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IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding Protected Health Information we maintain about you. To exercise any of these rights, please submit your request in writing.

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

Right to Request Confidential Communications

You have the right to request and receive confidential communications of Protected Health Information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, we will send your bills to another address.)

Right to Inspect and Copy

The laws and standards of my profession require that we keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to your self and/or others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we are allowed to charge a copying fee of 75 cents (\$.75) per page (and for certain other expenses). If we refuse your request for access to your records, you have a right to request a review, which we will discuss with you upon request.

Right to Amend

You have the right to request an amendment of Protected Health Information for as long as Health Information is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

Right to an Accounting of Disclosures

You generally have the right to receive an accounting of disclosures of Protected Health Information for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.

Right to a Paper Copy

You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, please let us know as soon as possible so we can address the concern.

If you believe that your privacy rights have been violated and wish to file a formal complaint with us, you may send your written complaint to Love & Kindness Wellness Services, LLC at 108 Kenilworth Pl, Brooklyn, New York, NY 11210.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

The effective date of this Notice is September 2015.

We will provide you with a revised notice in writing, either delivered in person or by regular U.S. Mail.