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NOTICE OF PRIVACY PRACTICES

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

I. YOUR HEALTH RECORD:

I create a record of the care and services you receive from me to provide you with quality care and to comply with legal requirements of my profession. This record includes information about your symptoms, assessment results, mental health diagnoses, treatment plan, and other medical information.

In using and disclosing your protected health information, I follow the Privacy Standards of the federal Health Insurance Portability and Accountability Act, 45 CFR Part 464 (HIPAA). The contents of a counseling, intake, or assessment session are considered to be confidential as required (and except as limited) by law

This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on the client portal.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

Discussions with your therapist, as well as your record and testing material, are kept confidential. Any information you provide in therapy is never released to anyone, including your spouse/partner or family, without your written consent, except as required by law or ethical guidelines. However, as provided by HIPAA, I may use or disclose your protected health information without any further written authorization for treatment, payment, and operations,

- **Treatment:** Health information may be used in order to provide the best possible care. For example, information obtained from you or other providers may become part of your mental health records in my practice. In turn, I may share pertinent information (e.g., diagnosis, treatment plan, safety concerns) with your other healthcare providers to coordinate care or inform their treatment. I also regularly consult with other experts on the field about clients in order to continuously advance my care. During such consultations, I will not share any identifying information. *Disclosures for treatment purposes are not limited to the minimum necessary standard.* Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

- **Payment:** Health information may routinely be used for billing and to justify reimbursements for care. For example, I may send a bill to you or your insurance carrier that includes identifying information, specific diagnoses, and procedures.
- **Operations:** Health information may be used for routine health care operations. For example, I may use your information to assess outcomes of your care in an effort to improve the quality of care you receive or for educational purposes.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

Although HIPAA includes provisions for disclosure of PHI to a family members, friend, or other person that you indicate is involved in your care or the payment for your health care, as part of my practice I will NOT disclose to these individuals without written release of information. If you would like to involve your partner or family in care or payment, please discuss this early in treatment so we can prepare necessary authorizations. The opportunity to consent may be obtained retroactively in emergency situations.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child abuse, abuse of vulnerable persons, elder, or dependent adult abuse.
3. For preventing or reducing a serious threat to anyone’s health or safety, including suicide, hom
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order, or subpoena, although my preference is to obtain an Authorization from you before doing so. Prior to responding to such requests without your authorization, I will make efforts to tell you about the request or to obtain orders protecting the information requested.

6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request a restriction on certain uses and disclosures of protected health information as described in this notice, though I am not required to agree to the restriction you request. You should address this request in writing or through a secure communication channel (e.g., your patient portal). You will be notified within 30 days if I cannot agree to this restriction
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. If you request a paper record, I will charge a fee of \$0.60/page in addition to the actual cost of postage. Note that you are not entitled access to or to obtain a copy of information compiled for legal proceedings.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to obtain an accounting of disclosures of your health information, except that I am not required to account for disclosures for treatment, payment, operations, or pursuant to authorization, among other exceptions. The list I will give you will include disclosures made in the last six years unless you request a shorter time.

6. **Receive Notifications of Privacy Breaches.** You have the right to be notified if if: (a) there is a breach (a use or disclosure of your protected health information in violation of the HIPAA Privacy Rule) involving your protected health information; (b) that protected health information has not been encrypted to government standards; and (c) a risk assessment fails to determine that there is a low probability that your protected health information has been compromised.
7. **The Right to Correct or Update Your Health Record.** If you believe that there is a mistake in your health record, or that a piece of important information is missing from your record, you have the right to amend your health record by submitting a written request with the reasons supporting the request. In most cases, you will receive a response within 30 days. I am not required to agree to the requested amendment.
8. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
9. **Revoke Authorizations:** You have the right to revoke any authorizations to use or disclose health information at any time. Note that this cannot revoke authorizations for disclosures that have already been made or actions that have already been taken.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

NAME: _____

DATE: _____

SIGNATURE: _____