

NOTICE OF PRIVACY PRACTICES

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.

YOUR RIGHTS

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

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and may say “no” if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurer.
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you asked, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us. You can file a complaint with 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, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

- You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care or in a disaster relief situation.
- If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- We will never share your information unless you give us written permission for marketing purposes or for the sale of your information.

OUR USES AND DISCLOSURES

We will typically only use or share your health information in the following ways:

- **TREATMENT:** Your therapist will keep psychotherapy notes for the purpose of treatment and may consult with other mental health professionals to ensure that we're providing you with the best care. We can also share your health information with other professionals who are treating you.
- **RUNNING OUR ORGANIZATION:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **BILLING FOR SERVICES:** We can use and share your health information to bill and get payment from health plans or other entities.
- **APPOINTMENT REMINDERS:** We may use and share your health information to contact you to remind you that you have an appointment or to tell you about treatment alternatives, or other healthcare services we offer.

Occasionally we are allowed or required to share your information in other ways that contribute to public health. We must meet many conditions in the law before we can share your information for these purposes:

- **PUBLIC HEALTH AND SAFETY:** We may share health information about you for certain situations such as reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- **RESEARCH:** We may use or share your information for health research.
- **COMPLIANCE WITH THE LAW:** We 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 that we're complying with federal privacy law.
- **OTHER GOVERNMENT REQUESTS:** We may 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, or for special government functions such as military or national security.

- **RESPONSE TO LEGAL ACTIONS:** We may share health information about you in response to a court or administrative order, or in response to a subpoena.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

EFFECTIVE DATE

- The effective date of this notice is 02/01/2024.
- We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

CONTACTING US

If you have any questions or concerns regarding our privacy practices, contact Anna Clark Miller at anna@empathyparadigm.com or 972-454-0838.

ACKNOWLEDGMENT AND AGREEMENT

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 the 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.