

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Under the New Jersey Health Insurance Portability and Accountability Act of 1996 (**HIPAA**), you have certain rights regarding the use and disclosure of your protected health information (PHI). This NOTICE OF PRIVACY PRACTICES describes how PHI may be used and disclosed and how you can get access to this information. Please review it carefully.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services that you receive. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. 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.
- Have available to you any new Notice that may be created with any changes to the terms of this Notice, which would apply to all information I have about you.

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

Privacy of a Minor Client's PHI: Sharing detailed content of a minor client's therapy session(s) with their parent(s)/legal guardian(s) is fundamentally counterproductive. However, parents/legal guardians will ALWAYS be informed of any imminent and serious safety concerns that are suspected by the clinician and/or reported to the clinician by the minor client.

For Treatment, Payment, or Health Care Operations: Federal privacy regulations allow health care providers who have a direct treatment relationship with a client to use or disclose the client's PHI without the client's written authorization, to carry out treatment, payment, or health care operations. These regulations also allow treatment providers to disclose, as necessary, PHI for the treatment activities of any other health care provider. This too can be done without a client's written authorization. For example, if a clinician were to consult with another licensed health care provider about a client's condition, they would be permitted to use and disclose that client's personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of the client's mental health condition.

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 client for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, Alissa Feldman, LCSW, may disclose health information in response to a court or administrative order. Health information about your child may also be disclosed in response to a subpoena, discovery request, request from the Division of Child Protection and Permanency (DCPP), or other lawful process by someone else involved in the legal case, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI, including any written information, photographs, or videos, for marketing purposes, without your authorization.
2. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

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, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. 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.
7. 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. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or in the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. 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 ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no,” if I believe it would affect your health care.
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.** You have the right to get an electronic or paper copy of your medical record. 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, and I may charge a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Receive a Paper or Electronic Copy of this Notice.** You have the right to receive a paper copy of this Notice, a copy of this notice by e-mail, or both a paper copy and an electronic copy.

EFFECTIVE DATE OF THIS NOTICE:

This notice goes into effect on the date that our first face-to-face meeting takes place, whether or not that meeting is in person, or if it is via Telehealth.