



Themes of Therapy, Professional LLC
Hannah Godfrey, MS, LMFT-I
Licensed Marriage & Family Therapist Intern
Supervisor: William Arndt, MA, LMFT, LADC

HIPPA 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 IT CAREFULLY.

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and have a new copy of it in my office and on my website. You may also request a copy of this Notice from me, or you can view a copy of it in my office or on my website, which is located at themesoftherapy.com.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition. This is typically done without naming the client and omitting 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.

B. Certain Other Uses and Disclosures Do Not Require Your Consent.

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 preventing or reducing a serious threat to anyone's health or safety. To avoid Harm, I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
 - a. **If I have reasonable suspicion, you are dangerous to yourself or another person**, and I determine disclosure is necessary to prevent the threatened danger.
 - b. **If I have a reasonable suspicion of child abuse or neglect**. I must make a mandated report to child protective services and/or law enforcement.
 - c. **If I have reasonable suspicion of Elder Abuse**. I must make a mandated report to law enforcement.
3. **If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
4. **For health oversight activities**, including audits and investigations.

5. **For judicial and administrative proceedings**, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
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.
12. **Lawsuits and Disputes**: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

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 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.

D. Other Uses and Disclosures Require Your Prior Written Authorization.

In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization with a Release of Information (ROI) form before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

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 defending myself in legal proceedings instituted by you.

- c. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- d. Required by law and the use or disclosure is limited to the requirements of such law.
- e. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- f. Required by a coroner who is performing duties authorized by law.
- g. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

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

- A. 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, and I may charge a reasonable, cost based fee for doing so.
- B. 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.
- C. 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.
- D. 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.
- E. 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 an 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.
- F. 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.

G. 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.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Hannah Godfrey, MS, LMFT-I at: **702-721-7177, hannah.godfrey.mft@gmail.com**. You are entitled to complain if you believe your privacy rights have been violated and you will not be retaliated against for filing a complaint.

VI. DUTIES OF THIS PRACTICE

I am required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. In case of a breach, I will notify each affected individual whose PHI has been compromised. I reserve the right to change the terms of this notice and to make the new notice effective for all PHI maintained. If such a new notice is instated, you will be provided with copy of the revised notice.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 31, 2023

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. Signing below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

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

I acknowledge receipt of this notice

Patient Name: _____ **Date:** _____ **Signature:** _____

Patient Name: _____ **Date:** _____ **Signature:** _____

Patient Name: _____ **Date:** _____ **Signature:** _____