



2. 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. PLEDGE REGARDING HEALTH INFORMATION:

Resilience Psychological Collaborative understands that information about you and your health care is highly personal. We are committed to protecting health information about you. We create a record of the care and services you receive from our agency. We need this record to provide you with quality care and to comply with certain legal requirements. The following notice applies to all of the records of your care generated by Resilience Psychological Collaborative. This notice will tell you about the ways in which we may use and disclose your private health information. This notice also describes your rights to your private health information, and describes certain obligations this agency has regarding the use and disclosure of your private health information. Resilience Psychological Collaborative is required by law to:

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

II. HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED:

The following categories describe different ways that we use and disclose protected health information (PHI). Each category of uses or disclosures will be explained and examples will be given for clarity. Not every potential use or disclosure in a category will be listed. However, all of the permissible ways to use and disclose information will fall within one of the categories.

For Treatment Payment or Health Care Operations: Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the client to use or disclose the client's PHI without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your PHI 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 PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your 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 patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, Resilience Psychological Collaborative may disclose PHI in response to a court or administrative order. We may also disclose minor's PHI 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.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. Psychologists 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 the psychologist's use in treating you.
- b. For the psychologist's 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 the psychologist's use for legal defense 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. Resilience Psychological Collaborative will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. Resilience Psychological Collaborative will not sell your PHI for marketing purposes.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Resilience Psychological Collaborative 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 our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.
8. 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.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Resilience Psychological Collaborative may use and disclose your PHI to contact you to remind you that you have an appointment with me. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. Your psychologist 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 to release 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 your psychologist to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we 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 maintained by your psychologist. Resilience Psychological Collaborative 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 may charge a reasonable fee for doing so.
5. The Right to Get a List of the Disclosures Made. You have the right to request a list of instances in which Resilience Psychological Collaborative has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. Resilience Psychological Collaborative will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list provided will include disclosures made in the last six years unless you request a shorter time. This list will be provided to you at no charge, unless more than one request is made in the same year, at which point you will be charged a reasonable 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 Resilience Psychological Collaborative corrects the existing information or adds the missing information. Your psychologist may say “no” to your request, but will inform you of this determination and rationale within 60 days of receiving your request.
7. 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. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

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. We have summarized these rights above. This notice applies to all providers within Resilience Psychological Collaborative. By signing this document, you are acknowledging that you have reviewed this notice and have been offered a copy for your records.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Signature/ Name:

Date:

☐ I understand that I can download a copy of this form from Client Portal at my convenience.

☐ NO