

Notice of Privacy Practices

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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. 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 you receive from me. 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.
- 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 my website.

As a psychotherapist under HIPAA, two different kinds of PHI may be involved: medical records and psychotherapy notes. Medical records include session start and stop times, assessments, symptoms, diagnoses, functional status, treatment plans, the modalities and frequencies of treatment, and progress to date. Psychotherapy notes are kept separate from the medical record, consist of private information documented during a session, and have special protections under HIPAA. Depending on the nature and subject of the therapy, I may or may not keep psychotherapy notes on your care. In general, where PHI is referred to in this notice it should be interpreted to mean medical records, not psychotherapy notes.

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

I may use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with 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 that Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

1. For Treatment. I may use and disclose your PHI to physicians, psychiatrists, psychologists and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Disclosures for treatment purposes are not limited to the minimum necessary standard, as complete information is needed 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.
2. For Payment*.* I may use and disclose your PHI to bill and collect payment for the treatment and services I have provided. Insurance companies/health plans can and often do require the release of PHI including diagnoses, treatment plans, clinical test results, response to treatment, compliance with treatment, mental and functional status, and modalities and frequency of treatment. I have no knowledge or control over what happens to your PHI once it has been released to an insurance company. You should be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.
3. For Health Care Operations. I may use and disclose your PHI for the purposes of health care operations such as case management and care coordination, medical reviews, audits, or other business management and general administrative activities.
4. *Other disclosures*: I may use and disclose your PHI if you need emergency treatment and are otherwise unable to provide consent (i.e. if you are unconscious)

B. Certain Other Uses and Disclosures Do Not Require Your Consent. Subject to certain limitations in the law, I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. If you are an imminent danger to yourself or you make a serious threat to the health and safety or another person or the public.
3. If disclosure is mandated by the Arizona Child Abuse and Neglect Reporting law.
4. If disclosure is mandated by the Arizona Elder/Dependent Adult Abuse Reporting law.
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 health oversight activities, such as investigations in response to a complaint.

9. If a lawsuit is filed against me by you or someone on your behalf, PHI – including psychotherapy notes, may be disclosed in a court proceeding as part of my defense.
10. For specialized governmental law enforcement purposes, including conducting intelligence, counterintelligence, and other national security activities under the National Security Act, providing protective services to the President and others, or helping to ensure the safety of those working or housed within correctional institutions.
11. For worker's compensation purposes. Although my preference is to obtain an Authorization from you first, I may provide your PHI in order to comply with workers' compensation laws.
12. For appointment reminders and health related benefits or services. I may use and disclose your PHI to provide appointment reminders. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

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

In any other situation not described in Sections A and B above, I will request your written authorization 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 of your PHI.

I will not use or disclose your PHI for marketing purposes or sell your PHI during the course of my business operations.

D. 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.

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

1. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to see or get a 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. I may charge a reasonable, cost-based fee for doing so.
2. 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.
3. 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.
4. The Right to Choose How I Send PHI to You. You have the right to ask that your PHI be sent to you at an alternate address or by an alternate method (for example, via email instead of by regular mail), and I will agree to all reasonable requests.
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, health care operations, national security, 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.

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 Get a Paper or Electronic Copy of this Notice. You have the right to get this notice by email and to request a paper copy of it as well.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on 09/03/2024.

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.