

Notice of Privacy Practices

Monica Neel, Psy.D. • Licensed Psychologist • Neel Psychotherapy & Consulting, LLC

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 my responsibilities to help you.

1. **Get a paper copy of your medical record.** I am required to maintain records of your care. You are entitled to receive a copy of your records — unless I believe that seeing them would be emotionally damaging, in which case I would be happy to send them to a mental health professional of your choice so that the records can be reviewed in the presence of a therapist. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I will provide a copy or a summary of your health information, usually within 30 days of your request. I will charge a reasonable fee for preparation of your records.
2. **Ask to correct your medical record.** You can ask me to correct health information that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, but I’ll explain why in writing within 60 days.
3. **Request confidential communications.** You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.
4. **Ask to limit what is used or shared.** You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a health care service out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes,” unless law requires me to share that information or in the special case of an emergency.
5. **Get a list of those with whom information has been shared.** You can ask for a list of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting per year for free, but will charge a reasonable fee if you ask for another one within 12 months.
6. **Get a copy of this notice.** You can ask for a paper copy of this notice at any time. I will provide you with a paper copy promptly.
7. **Choose someone to act for you.** 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. I will make sure that the person has this authority and can act for you before I take any action.

8. **File a complaint if you feel your rights have been violated.** You can complain if you feel I have violated your rights by contacting me. You can also 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 SW, Washington, DC 20201; calling 1-877-696-6775; or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. I will not retaliate against you for filing a complaint.

Note: All requests must be made in writing unless otherwise stated.

YOUR CHOICES

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, please submit a request in writing. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to: (a) Share information with your family, close friends, or others involved in your care; (b) Share information in a disaster relief situation; (c) Include your information in a hospital directory; (d) If you are not able to tell me your preference (e.g., if you are unconscious), I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, I never share your information: (a) Marketing purposes; (b) Sale of your information.

USES AND DISCLOSURES

How do I typically use or share your health information? I typically use or share your health information in the following ways:

1. **To treat you.** I can use your health information and share it with other professionals who are treating you. I can also use your information and share it with others who assist in your care (such as family members) with your verbal assent. Example: A psychiatrist treating you asks me about your condition.
2. **To run my practice.** I can use and share your health information to run my practice, improve your care, and contact you when necessary. Example: I use health information about you to manage your treatment and services.
3. **To bill for services.** I can use and share your health information to bill and get payment from you, your health plans, or other entities. I may also use and disclose your information to obtain payment from third parties that may be responsible for such costs, such as family members. I may disclose your information to other health care providers and entities to assist in their billing and collection efforts. Example: I give information about you to your health insurance plan so it will pay for your services.

How else can I use or share your health information? I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public

health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information, see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

1. **Comply with the law.** I will share information about you if state, federal, or local laws require it.
2. **Help with public health issues.** My practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:
(a) Maintaining vital records, such as births and deaths; (b) Reporting suspected abuse, neglect, or domestic violence; (c) Preventing or controlling disease, injury, or disability; (d) Notifying a person regarding potential exposure to a communicable disease; (e) Notifying a person regarding a potential risk for spreading or contracting a disease or condition; (f) Reporting reactions to drugs or problems with products or devices; (g) Notifying individuals if a product or device they may be using has been recalled.
3. **Serious threats to safety.** My practice may use and disclose your health information when necessary to reduce or prevent a serious threat to the health and safety of myself, my clients, and the general public. Under these circumstances, I will only make disclosures to a person or organization able to help prevent the threat.
4. **Respond to health oversight activities.** My practice may disclose your information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.
5. **Respond to lawsuits and legal actions.** I can share health information about you in response to a court or administrative order, or in response to a subpoena.
6. **Law enforcement.** I may release information if asked to do so by a law enforcement official: (a) Regarding a crime victim in certain situations, if I am unable to obtain the person's agreement; (b) Concerning a death I believe has resulted from criminal conduct; (c) Regarding criminal conduct at my offices; (d) In response to a warrant, summons, subpoena or similar legal process; (e) To identify/locate a suspect, material witness, fugitive or missing person; (f) In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
7. **Corrections.** My practice may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) For the institution to provide health care services to you; (b) For the safety and security of the institution; and/or (c) To protect my health and safety, or the health and safety of other individuals.
8. **Address workers' compensation, military, and other government requests.** I can use or share health information about you: (a) For workers' compensation claims; (b) For special government functions such as military, national security, and presidential protective services.
9. **Conduct research.** With your permission, I can use your health information for research.

10. **Minors.** Parents/guardians of minors have the right to access their child's treatment records with or without their child's consent. However, it is my standard practice to receive a verbal agreement from the parents at the outset of treatment to join the patient and therapist in session to discuss their concerns before obtaining any treatment record. If I believe the patient is in imminent danger of harming themselves or someone else, I reserve the right to notify a parent/guardian.

MY RESPONSIBILITIES

1. I am required by law to maintain the privacy and security of your protected health information.
2. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. I must follow the duties and privacy practices described in this notice and give you a copy of it.
4. I will not use or share your information other than as described here, unless you tell me that I can in writing. For more information see:
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>.

CHANGES TO THE TERMS OF THIS NOTICE

I can change the terms of this notice, and the changes will apply to all information I have about you. Updates to this notices will be sent to you for re-signing.

Effective date of notice: January 22, 2021

ACKNOWLEDGMENT 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, and that you have read, understood, and agree to the items contained in this document.