



## **PRIVACY PRACTICES**

This notice described how medical information about you may be used and disclosed and how to get access to information. Please review it carefully.

1. **LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI):** I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present or future health or condition, the provision of health care to you or payment of this health care. I must provide you with this Notice about my privacy practices and such Notice must explain how, when, and why I will "use" and "disclose" your PHI. A "use" occurs when I share examine, utilize, apply or analyze such information within my practice. PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the disclosure is made. I am legally required to follow the privacy practices described in this notice. However, I deserve the right to change the terms of this Notice and my practice at any time.
2. **HOW I MAY USE AND DISCLOSE YOUR PHI:** I may use and disclose your PHI under certain circumstances. In some instances, I will need your authorization: however, for others I do not. Listed below are the different categories of my uses and disclosures along with some examples.
  - a. **Uses And Disclosures Related To Treatment, Payment Or Health Care Operations Which Do Not Require Your Prior Written Consent:**
    - i. To obtain payment for treatment. I may use and disclose some information to collect payment for the treatment and services provided by me for you. For example, I might send information to a collection agency if a bill has not been despite several efforts on my part to receive payment.
    - ii. For clinical supervision. I may disclose certain information from our sessions with my clinical supervisor. For example, if there is a topic that we are working on in

session and I need some guidance or recommendation in regards to best practice guidelines then I may disclose information that is necessary to achieve needed guidance.

- iii. Other disclosures. I may release your information in situations where you need emergency treatment and you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so. In these situations I will try to get consent after services are rendered and I will try to get consent until you are not able to communicate with me.

b. Certain uses and Disclosures Do Not Require Your Consent.

a. When required by federal, state or local law, judicial or administrative proceedings or law enforcement. For example, I may disclose information to applicable officials when a law requires me to do so.

- i. For public health activities. For example, I may have to provide information to a county coroner.
- ii. To avoid harm. In order to avoid serious threat to the PHI, to law enforcement personnel or persons able to prevent such harm.
- iii. In cases of threat of harm or neglect.
- iv. Abuse. I am required to disclose certain health information if I become aware that you are a threat to yourself or others. In addition, I am required to report any information if I become aware that a child is or has been abused or if a “vulnerable” adult is being abused or neglected.

c. Certain Uses And Disclosures Require You To Have The Opportunity to Object.

- i. Disclosures to family, friends or others. I may provide some information to a family member, friend or other person that you indicate is involved in your care or payment for your care. The opportunity to consent may be obtained retroactively in emergency situations.
- ii. Other Uses And Disclosures Require Written Authorization. In any other situation not described above I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI you can later revoke such authorization in writing in order to stop any future disclosure.

3. **SECURE STORAGE, TRANSFER AND ACCESS OF MEDICAL RECORDS:** If I should terminate or sell the practice, I will notify you within 30 days at the address provided on your intake form and will provide the location of your records. I will store medical records for 7 years and after that, I will dispose of them confidentially.

**4. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI:**

- a. *The Right to Request Limits on Uses and Disclosures of your PHI.* You have the right to ask that I limit the information disclosed. I will consider any request but I am not required to accept it. If I accept your request, I will put any limits in writing and abide by them; except in emergency situations you may not limit the uses and disclosures that I am “legally” required or allowed to make.
- b. *The Right to Choose How I Send PHI To You.* You have the right to request that I send information to an alternate address or by alternate means. I must agree to your request so long as I can provide the needed information to you in the format you requested.
- c. *The Right To See and Get Copies of Your PHI.* In most cases you have the right to look at or request copies of your PHI that I have but you must make the request in writing. I will respond to your request within 30 days. Certain information may not be provided for inspection or copying. This includes psychotherapy notes or information I collected in connection with a legal proceeding. If you request copies of your PHI, I will charge \$0.50 per page and \$150 per hour. Requests must be made in writing. I require at least two weeks’ notice to prepare your documents.
- d. *The Right to Get a List of Disclosure I Have Made.* You have a right to a list of instances in which I have disclosed your PHI.
- e. *The Right to Correct or Update your PHI.* If you believe there is a mistake in your PHI or that an important piece is missing, you have the right to request an amendment be made to your PHI. You must provide the request and the reason for the amendment in writing I will respond within 60 days of your request to correct or update your PHI. I may deny your request in writing if the PHI is: (a) correct and complete (b) not created by me (c) not allowed to be disclosed (d) not part of my records. My written denial will state the reasons for the denial and your right to file a written statement of disagreement with the denial. If I approve your request, I will make the change to your PHI, tell you that I have completed it and tell others necessary that the change was made.

**5. HOW TO COMPLAIN ABOUT MY PRIVATE PRACTICES:** If you think that I have violated your privacy rights, or you disagree with a decision I made about your access to your PHI you may send a written complaint to Arizona Board of Behavioral Health at 3443 North Central Avenue #1700 Phoenix, AZ 85012 if you reside in Arizona, the Counseling and Therapy Practice Board at 2550 Cerrillos Rd., Santa Fe, NM 87505 or by mail at PO Box 25101, Santa Fe, NM 87504 if you reside in New Mexico, the Division of Professional Licensing at P.O. Box 146741, Salt Lake City, UT 84114-6741 if you reside in Utah, and the State Board of Behavioral Health Licensure at 3815 N Santa Fe, Ste. 110, Oklahoma City, OK 73118 if you reside in Oklahoma. I will take no retaliatory action against you if you make a complaint about my privacy practices.

**6. ORGANIZATIONS TO CONTACT:** Arizona Board of Behavioral Health at 3443 North Central Avenue #1700 Phoenix, AZ 85012 if you reside in Arizona. Counseling and Therapy

Practice Board at 2550 Cerrillos Rd., Santa Fe, NM 87505 or by mail at PO Box 25101, Santa Fe, NM 87504 if you reside in New Mexico. Division of Professional Licensing at P.O. Box 146741, Salt Lake City, UT 84114-6741 if you reside in Utah. State Board of Behavioral Health Licensure at 3815 N Santa Fe, Ste. 110, Oklahoma City, OK 73118 if you reside in Oklahoma.

- 7. EFFECTIVE DATE OF THIS NOTICE:** This notice is went into effect June 8, 2024 and was reviewed January 15, 2026.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_