Maureen L. Minarik, Ph.D.
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https://facethesuntherapy.clientsecure.me/

# NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information may be used and disclosed and how you can get access to this information**

**PLEASE REVIEW IT CAREFULLY**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, my applicable Code of Ethics and applicable state law. "Use" applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosures" applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties. This Notice of Privacy Practices also describes your rights regarding how you may gain access to and control your PHI. HIPAA is complex, and it is not possible to outline every conceivable circumstance which may occur. This Notice of Privacy Practices intends to broadly outline your rights and my responsibilities.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request.

## HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**For Treatment**. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services without your authorization. This includes consultation with clinical supervisors, peer consultants or treatment team members. It also includes communications with other health care providers, but I may disclose PHI to these other health care providers only with your authorization.

**For Payment.** I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities include making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

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**For Health Care Operations.** I may use or disclose your PHI without your authorization, as needed, in order to support my business activities including, but not limited to, quality assessment and improvement activities, employee review activities, licensing, and conducting or arranging for other business activities, such as audits, administrative services, case management, legal consultation and care coordination. For example, I may share your PHI with third parties, called business associates, that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization. I will disclose the minimum amount of PHI necessary.

**Required by Law.** Under the law, with certain exceptions, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the HIPAA Privacy Rule.

**Without Authorization.** Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. Following is a list of the main categories of uses and disclosures permitted by HIPAA without an authorization.

It is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with my applicable Code of Ethics, HIPAA, 42 CFR Part 2, and applicable state law. To the extent permitted, I will disclose the minimum amount of PHI necessary.

**Required by Law.** I may use or disclose your PHI to the extent that it is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

**Child Abuse or Neglect.** If, in my professional capacity, I have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon them which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the appropriate state agency and may disclose your PHI.

**Adult or Domestic Abuse:** If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, or a disabled person has suffered serious physical or emotional injury, I must immediately make a report to the appropriate governmental authority and may disclose your PHI.

**Judicial and Administrative Proceedings.** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, or I

am served with a subpoena, such information is privileged under state law and I will not release PHI without written authorization from you or your legally appointed representative, or pursuant to a court order, administrative order, or similar process. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

**Deceased Clients.** I may disclose PHI regarding deceased clients as mandated by state law or to a family member or friend that was involved in your care or payment for care before death, based on your prior consent. A release of information regarding deceased clients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to notify you of this use or disclosure as soon as reasonably practicable after the resolution of the emergency.

**Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

**Law Enforcement.** I may disclose PHI to appropriate law enforcement officials as required by law, or in compliance with a subpoena (with your written consent), court order, administrative order or similar document, including, for example, to prevent harm to you or a person in danger from you, including children or elderly people who I reasonably believe you have abused or who have abused you, in the case of reportable gunshot wounds, for the purpose of identifying a suspect, fugitive, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, in connection with a crime on the premises or in limited circumstances if you are a suspected victim of a crime.

**Specialized Government Functions.** I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose

of preventing or controlling disease, injury, or disability, such as reporting adverse reactions to medications or helping with product recalls, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. For example, if you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I may take reasonable precautions. Reasonable precautions may include notifying the potential victim, notifying law enforcement, or arranging for your hospitalization. I may also do so if I know you have a history of physical violence, and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I may seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

**Research.** PHI may only be disclosed after a special approval process or with your authorization.

**Workers' Compensation.** If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer, and the Division of Workers' Compensation.

**Verbal Permission.** I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization**. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

**Substance use disorder treatment records**. Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling

disclosure before the requested record is used or disclosed. If I maintain records subject to 42 CFR Part 2 and intend to use or disclose such records for fundraising for my benefit you must first be provided with a clear and obvious opportunity to opt not to receive any fundraising communications.

## REPRODUCTIVE HEALTH CARE INFORMATION

I recognize that information concerning reproductive health may be particularly sensitive.

Your PHI may include information concerning pregnancy, contraception, fertility, assisted reproduction, pregnancy loss, abortion or other pregnancy-related care, as well as mental-health or psychological services relating to reproductive health.

I will protect such information in accordance with HIPAA and applicable Rhode Island law. Rhode Island law provides additional protections concerning confidential health-care information and legally protected reproductive health care.

Rhode Island's Healthcare Provider Shield Act expressly protects qualified psychologists and covers legally protected reproductive health care activity. Rhode Island law defines reproductive health care services to include medical, behavioral-health, mental-health, psychiatric, therapeutic, diagnostic, preventive, rehabilitative, and supportive services relating to pregnancy, contraception, assisted reproduction, pregnancy loss management, and termination of pregnancy. These protections apply when the statutory requirements are satisfied.

I will not disclose your PHI merely because it relates to reproductive health care. Any disclosure must otherwise be permitted or required by applicable federal or Rhode Island law or authorized by you.

Nothing in this Notice creates a guarantee that your information can never be disclosed. Certain disclosures may be required or permitted by law, including disclosures required by a valid legal process or other mandatory reporting law.

Because federal and state laws concerning reproductive health care and health-information privacy may change, I may revise this Notice when required or appropriate.

There is a potential for reproductive health care information disclosed to be subject to redisclosure by the recipient and no longer protected under HIPAA.

## YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me at the address listed above.

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- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations when, in the exercise of my professional judgment, I believe that the access requested is reasonably likely to endanger the life or physical safety of you or another person or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and, if so, will provide you with a copy. Please contact me if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

## COMPLAINTS

If you believe that I have violated your privacy rights, you have the right to file a complaint in writing with me at Face the Sun LLC, 650 Ten Rod Road, North Kingstown, RI 02852, or with the Secretary and Human Services Office for Civil Rights at 200 Independence Avenue, S.W.,

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Washington, D.C. 20201 or by calling (202) 619-0257 or 1-877-696- 6775. **I will not retaliate against you for filing a complaint.**

**The effective date of this Notice is _____.**

Notice of Privacy Practices
Receipt and Acknowledgment of Notice

I hereby acknowledge that I have reviewed and been offered a copy of the _____ Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can discuss with _____.

_____
Name of Client or Parent/Guardian

_____
Signature of Client or Parent/Guardian

Date _____