

Jane Webster LLC
MA, LPC-MH, LAC, QMHP

Notice of Privacy Practices of Jane Webster LLC MA, LPCMH, LAC, QMHP

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!

We are required to provide you with this Notice of Privacy Practices and to explain our legal duties under the Federal Health Insurance Portability and Accountability Act (HIPPA).

We are required by law to protect the privacy of health information about you that can be identified with you, which we call “protected health information” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- ❖ We must protect PHI that we have created or received about your past, present, or future health conditions; health care we provide to you; or payment for your healthcare.
- ❖ We must notify you about how we protect PHI about you.
- ❖ We must explain how, when and why we use and/or disclose PHI about you.
- ❖ We may only use and or disclose PHI as we have described in this notice.
- ❖ We are required to follow the procedures in this notice. We reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI that we maintain by first:
 - ❖ Posting the revised notice in our offices;
 - ❖ Making copies of the revised notice available upon request.

WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

We may use and disclose PHI about you to provide healthcare treatment to you.

- ❖ We may use or disclose PHI about you with healthcare providers who are involved in your healthcare. For example, information being shared to create and carry out a plan for treatment or when referring you to another healthcare provider

We may use and disclose PHI about you to obtain payment for services.

- ❖ We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. For example, we may provide PHI to bill your health plan for services provided; this may include insurance companies, collection agencies or attorneys assisting us with collections.

We may use and disclose PHI about you for health care operations.

- ❖ We may use and disclose PHI in performing business activities, which we call “health care operations”. These “health care operations” allow us to improve the quality of care we provide. They may range from, but are not limited to, reviewing and evaluating the skills, qualifications, and performances of health care providers taking care of you, to planning for future operations including mailing of potential services which may be beneficial to you. For example, we may use PHI about you to review the quality of services you receive.

We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.

- ❖ We may use and/or disclosure is required by law. For example, when a disclosure is required by federal, state, or local law or other judicial or administrative proceeding.
- ❖ When the use and/or is necessary for public health activities or health oversight activities. For example, we may disclose PHI about you to inspect or investigate health care providers.
- ❖ When the disclosure relates to victims of abuse, neglect or domestic violence. We are required by law to report any allegations or suspicions of child abuse or neglect.
- ❖ When the use and/or disclosure relates to specialized government functions. For example, we may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- ❖ When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- ❖ When the use and/or disclosure relates to correctional institutions and in law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

- ❖ For other situations we will ask you for your written authorization before using or disclosing PHI about you. You may cancel this authorization at any time in writing, or by other appropriate means of communication if necessary. We cannot take back any uses or disclosures already made with your authorization.

WE MAY CONTACT YOU TO PROVIDE APPOINTMENT REMINDERS.

- ❖ We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment.

YOUR PHI PRIVACY RIGHTS – CLIENT’S RIGHTS

You have the right to see and get copies of your PHI

- ❖ You have the right to request and to see and receive a copy of PHI contained in clinical, billing and other records to make decisions about you. Your request must be in writing. We may charge you fees for the cost of copying and mailing the PHI to you. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any right you may have to request a review of our denial. You may request to see and receive a copy of PHI by contacting your therapist.

You have the right to request amendment of PHI about you.

- ❖ You may ask us to change or add missing PHI if you think there is a mistake. You must make the request in writing and provide a reason for your request. However, there are conditions in which we may deny this request. You may request an amendment of PHI about you by contacting your therapist.

You have the right to request different ways to communicate with you.

- ❖ You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. You may request alternative communications by contacting your therapist.

You have the right to request restrictions on uses and disclosures of PHI about you.

- ❖ You have the right to ask us to limit how PHI about you is used or disclosed. You must make the request in writing and tell us what PHI you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction. You may request a restriction by contacting your therapist.

You have the right to a listing of disclosures we have made.

- ❖ You have the right to receive a written list of certain disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to July 1st, 2005). We are required to provide a listing of all disclosures except the following:
 - For your treatment
 - For billing and collection of payment for your treatment
 - For health care operations
 - Made to or requested by you that you authorized
 - Occurring as a byproduct of permitted uses and disclosures
 - Allowed by law

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting your therapist.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

- ❖ If you think we have violated your privacy rights, or you want to complain to us about our privacy practices you can contact your therapist. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services at:
 - Region VIII, Office of Civil Rights
Department of Health and Human Services
1961 Stout Street-Room 1185 FOB
Denver, CO 80294-3538
Voice Phone: (303) 844-3439
Fax: (303) 844-2025

If you file a complaint, we will not take any action against you or change our treatment of you in any way.