



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, our privacy officer will be happy to help you understand our procedures and your rights. Our privacy officer's name and address are at the end of this notice. The most recent copy of this notice can be found on our website at www.higherchange.com.

Continue →

Contents of This Notice

A. Introduction: To our clients

1. What we mean by your health information
2. Privacy and the laws about privacy

B. How your protected health information can be used and shared

1. Uses (inside practice) and disclosures (outside practice)
 - For your treatment
 - To obtain payment for your treatment
 - For health care operations
2. Uses and disclosures that **require** your authorization
 - Psychotherapy notes.
 - Marketing purposes. (We do not do)
 - Sale of PHI. (We do not do)
3. Uses and disclosures that **do not require** your consent or authorization
 - When required by law
 - Child abuse or neglect
 - Elder or dependent adult abuse
 - To prevent a serious threat to health or safety
 - For health oversight activities
 - For judicial or legal proceedings
 - For law enforcement purposes
 - For workers' compensation purposes
 - Appointment reminders
 - Treatment alternatives
 - Other benefits and services
 - Relating to decedents
 - For research purposes
 - Business associates (for conducting regular operations)
 - For specific government functions
4. Uses and disclosures where you have *an opportunity to object*
5. An *accounting* of disclosures we have made

C. Your rights concerning your health information

1. The right to request limits on uses and disclosures of your PHI
2. The right to choose how we communicate PHI with you.
3. The right to request restrictions for out-of-pocket expenses.
4. The right to inspect and get copies of your PHI.
5. The right to get a list of disclosures we have made.
6. The right to amend, correct, or update your PHI.
7. The right to get a copy of this notice.
8. The right to file a complaint about our privacy practices.
9. Other rights

D. Who to contact if you have questions or problems

A. Introduction: To Our Clients

This notice will tell you how we handle your healthcare information. It tells how we use this information here in our offices, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask our privacy officer for more explanations or more details.

1. What we mean by your health information

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, personal information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called "**PHI,**" which stands for "**protected health information.**" This information goes into your **medical or health care records** in our office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: A list of treatments and services that we think will best help you.
- Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here.

We use PHI for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received services from us, which we billed to you or to your health insurance company.
- For teaching and training other health care professionals.
- For psychological research.
- To improve how we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy we can make one for you (but we may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some rare situations we don't have to agree to do that. If you want, our privacy officer, whose name is at the end of this notice, can explain more about this.

2. Privacy and the laws about privacy

We are required to maintain your privacy and tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices. We will obey the rules described in this notice. If we change our privacy practices, they will apply to all the PHI we keep. We will also post the new notice of privacy practices in our office where everyone can see. You or anyone else can also get a copy from our privacy officer at any time. It is also posted on our website at <http://www.HigherChange.com>.

B. How your protected health information can be used and shared

As a general rule, we will not disclose information about you, or the fact that you are a client, without your written consent. Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So we will tell you more about what we do with your information.

Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses (inside practice) and disclosures (outside practice)

After you have read this notice, you will be asked to sign a separate **consent form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called "health care operations."

In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. If you do not agree and consent we cannot treat you.

Health care providers are legally allowed to use or disclose records or information for the following without requiring written consent:

- ***For your treatment.*** Your healthcare information may be used and disclosed by those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services. We may share your PHI with others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.
- ***To obtain payment for your treatment.*** We may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things. However, our preference is that you give us a written authorization to do so.
- ***For health care operations.*** Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may need to disclose your PHI to an attorney to obtain advice about complying with applicable laws.

2. Uses and disclosures that require your authorization

If we want to use your information for any purpose besides those described above, we need your permission on an **authorization form**. We don't expect to need this very often. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

- **Psychotherapy notes.** We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - For my use in treating you.
 - For my use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - For my use in defending myself in legal proceedings instituted by you.
 - For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - Required by law, and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.
- **Marketing Purposes.** As therapists, we will not use or disclose your PHI for marketing purposes.
- **Sale of PHI.** As therapists, we will not sell your PHI in the regular course of our business.

3. Uses and disclosures that do *not* require your consent or authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might do this.

- **When required by law.** When disclosure is required by federal, state, or local laws that require us to disclose PHI.
- **Child abuse or neglect.** If we have reason to suspect that a child has been abused or neglected, we are required by state laws to report the matter to the state's Child Protective Services.
- **Elder or dependent adult abuse.** If we have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, we are required by state laws to make a report and provide relevant information to the state's Adult Protective

Services or Developmental Disabilities Administration.

- **To prevent a serious threat to health or safety.** If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.
- **For health oversight activities.** We have to disclose some information to the government agencies that check on us to conduct audits and investigations or to see that we are obeying the privacy laws.
- **For judicial or legal proceedings.** If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- **For law enforcement purposes.** We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.
- **For workers' compensation purposes.** Although our preference is to obtain an Authorization from you, we may provide PHI in order to comply with workers' compensation laws.
- **Appointment reminders.** We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work, or you prefer some other way to reach you, we usually can arrange that. Just tell us.
- **Treatment alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.
- **Other benefits and services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Relating to decedents.** We may disclose PHI to coroners or medical examiners, when such individuals are performing duties authorized by law.
- **For research purposes.** We may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.
- **Business associates.** We hire other businesses to do some jobs for us. In the law, they are called our "business associates." Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.
- **For specific government functions.** We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to

correctional facilities if you are an inmate, or to other government agencies for national security reasons.

4. Uses and disclosures where you have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them, about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law.

If it is an emergency, and so we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. The opportunity to consent may be obtained retroactively in emergency situations. If you do not approve, we will stop, as long as it is not against the law.

5. An accounting of disclosures we have made.

When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

C. Your rights concerning your health information

You have the following rights with respect to your PHI:

1. The right to request limits on uses and disclosures of your PHI.

You have the right to ask us to limit what we tell people involved in your care/treatment, or those who are involved with payment for your care, such as family members and friends, or for health care operations purposes. We don't have to agree to your request, and we may say "no" if we believe it would affect your health care. If we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.

2. The right to choose how we communicate PHI with you.

You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. To request alternative communication, you must make your request in writing, specifying how you wish to be contacted. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment, or to send mail to a different address. We will try our best to do as you ask if the requests are reasonable. In addition, it will be understood that there may be times when you provide your therapist with additional ways in which to

communicate, outside of those listed on the form you have signed. (For example, you are out of town and wish to speak to your therapist. You leave a voicemail message asking your therapist to call you at a different phone number other than listed on your authorization form.)

3. The right to request restrictions for out-of-pocket expenses.

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 inspect and get copies of your PHI.

Other than “psychotherapy notes,” you have the right to look at the health information we have about you, such as your treatment and billing records. You have the right to get an electronic or paper copy of your mental health/medical records and billing records and any other information that we have about you that are used to make decisions about your care. This right may be restricted only in exceptional circumstances where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We 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. We may charge you a reasonable, cost-based fee for copies. You may also request that a copy of your PHI be provided to another person. Contact our privacy officer to arrange how to see your records. (See below.)

5. The right to get a list of the disclosures we have made.

You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.

6. The right to amend, correct, or update your PHI.

If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records (amendments) to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes. We have the right to say “no” to your request, but we will tell you why in writing within 60 days of receiving your request. If we deny your request for an amendment, you have the right to file a statement of disagreement with us.

7. The right to get a copy of this notice.

You have the right to get either a paper or electronic copy of this notice. If we change this notice, we will post the new one in our waiting area, and you can always get a copy from the privacy officer.

8. The right to file a complaint about our privacy practices.

If you think we may have violated your privacy rights, you have the right to file a complaint with our privacy officer (see below).

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- a. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
- b. Calling 1-877-696-6775; or,
- c. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

All complaints must be in writing. We will not retaliate against you if you file a complaint about our privacy practices.

9. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

D. Who to contact if you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to the privacy officer, whose name and telephone number are listed below. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the privacy officer. As stated above, you have the right to file a written complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or our health information privacy policies, please contact our privacy officer, who is and can be reached by phone at or by e-mail at:

Dr. Thomas Luttrell

Phone: +1 (240) 342-6338

Email: office@higherchange.com

Effective Date of This Notice

The effective date of this notice is February 20, 2020. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by posting a copy on our website and making copies of the revised notice available.