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NOTICE OF PRIVACY PRACTICES

Health Insurance Portability and Accountability Act (HIPAA)

Effective April 14, 2003, a new policy law went into effect to help safeguard your health information. This notice describes how behavioral health information about you may be used and disclosed and how you can obtain access to this information. Please review this form carefully.

Uses and Disclosures for Treatment, Payment and Health Care Operations

We may use or disclose your protected health information for treatment, payment and health care operation purposes without your consent. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization. To help clarify these terms, see the definitions below:

- **PHI** refers to protected health information or information in your client health record that could identify you.
- **Treatment** is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment might be when we consult with another health care professional, such as your family physician, psychiatrist or psychologist.
- **Payment** is when we obtain reimbursement for your health care. Examples of payment might be when we disclose your PHI to your health insurance company to obtain reimbursement for your health care or to determine eligibility or coverage. This does not apply to EAP billing.
- **Use** applies only to activities within this practice, Elisa M. Thomas MA LMFT, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- **Disclosure** applies to activities outside of this practice, Elisa M. Thomas MA LMFT, such as releasing, transferring or providing access to information about you to other parties.
- **Health Care Operations** are activities that relate to the performance and operation of the psychotherapy practice, Elisa M. Thomas MA LMFT.

Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment and payment when your appropriate authorization is obtained. An **authorization** is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when

we ask for information for purposes outside of treatment and/or payment, we will obtain an authorization from you in the form of a release before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes.

Psychotherapy Notes are notes we have made about our conversation during an individual, couples, family or group counseling session which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI and psychotherapy notes) at any time, provided each revocation is in writing and signed by you. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: We are required to report PHI to the appropriate authorities when we have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.

Adult and Domestic Abuse: We are required to disclose, if we have the responsibility for the care of an incapacitated or vulnerable adult, PHI when we have a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred.

Health Oversight Activities: Should various Arizona regulatory Boards which oversee mental health services be conducting investigations, then we are required to disclose PHI upon receipt of a subpoena from those Boards.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services we provided you and/or the records thereof, such information is privileged under state law and we will not release information without the written authorization of you and/or your legal representative or a Court Order. The privilege does not apply when you are being evaluated for a third party or where there is a court ordered evaluation. You will be notified in advance if this is the case.

Serious Threat to Health or Safety: If you communicate to me an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and I believe you have the intent, the ability and the means to carry out such a threat, I have a duty to take reasonable precautions to prevent harm from occurring, including disclosing information to the potential victim and the police or sheriff in order to initiate

hospitalization procedures. If I believe there is an imminent risk that you will inflict serious harm on yourself or others I may disclose information about you in order to keep you safe.

Worker's Compensation: We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to Worker's Compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

If you have a complaint or are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact me (Elisa M. Thomas) in writing or by phone at this office.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

Client's Rights and Psychotherapist's Duties:

Your Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of protected health information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. On your request, we will send your information and or bills to your requested address).

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the accounting process.

Right to a Paper Copy: You have a right to obtain a paper copy of this notice from us.

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.