

ACTIVE THERAPEUTIC SOLUTIONS MENTAL HEALTH COUNSELING

Notice of Privacy Practices and Special Notice Regarding Practice Limitations

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW THIS NOTICE 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 we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”) and regulations promulgated thereunder, including the HIPAA Privacy and Security Rules. It also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time to accommodate any requirements of the applicable law, and any such updates will be effective immediately and apply to all PHI we maintain as of the update. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. Applicable law permits us to disclose your PHI **without your authorization** only in a limited number of situations, which include, but are not limited to the following:

- **For Treatment.** Your PHI may be used and disclosed by authorized professionals who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment from authorized team members. We may disclose PHI to any other consultant only with your authorization.
- **For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities include, but are not limited to: 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. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

-Continued on Next Page-

- **For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, competency assurance activities, conducting or arranging for medical reviews, audits, or legal services, and business management and general administrative activities such as fundraising. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written business associate agreement 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.
- **Required by Law.** We must share your PHI if Federal or state laws require it. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services, Office of Civil Rights for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
- **Child Abuse or Neglect.** We may disclose your PHI to a public health authority or other appropriate government authority that is authorized by law to receive reports of child abuse or neglect.
- **Judicial and Administrative Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding in response to a court or administrative tribunal order or similar process (with prior notice to you of the request).
- **Deceased Patients.** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. We may also disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- **Serious Threats to Health and/or Safety.** We may use or disclose your PHI we believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone (e.g., law enforcement) we believe can prevent or lessen the threat. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- **Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your informal permission or as necessary to prevent serious harm. Informal permission may be obtained by verbally asking you, or by circumstances that clearly give you the opportunity to agree, acquiesce, or object.
- **Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with prior notice to you), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, a deceased person, the reporting of a crime in an emergency, or a crime on the premises.

-Continued on Next Page-

DISCLOSURE OF HEALTH INFORMATION ABOUT YOU WITH AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke at any time, except to the extent that we 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.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Jennifer Baker, our Privacy Officer at 732-567-2009, or jennifer@changeformylife.com:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect 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 PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. You also have the right to request an electronic or paper copy of your PHI. We may charge a reasonable, cost-based fee for copies. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, we will provide you a written notice as to the reason for denial in writing within sixty (60) days. You have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact Active Therapeutic Solutions 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 we make of your PHI. We 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. We are 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, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We 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. We will not ask you for an explanation of why you are making the request.

-Continued on Next Page-

- **Right to a Copy of this Notice.** You have the right to a copy of this notice.
- **Right to Choose Someone to Act for You.** You have the right to give someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Prior to taking any action, we will confirm this designated individual has the authority and can act on your behalf.

Complaints. If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Jennifer Baker, our Privacy Officer at 732-567-2009 or jennifer@changeformylife.com or with the Secretary of Health and Human Services by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, by calling (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

YOUR CHOICES REGARDING YOUR PHI

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your PHI in the situations described below, please let us know and we will follow all reasonable requests.

In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to communicate your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest to do so. We may also share your information when such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others.

In the following circumstances, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you regarding fundraising efforts, but you are free to opt-out of fundraising communications in the future.

-Continued on Next Page-

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI
- If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- We must follow the duties and privacy practices described in this notice and provide you with a copy of this notice
- We will not use or share your PHI other than as described herein unless permitted by you in writing. You may revoke your authorization to use or share your PHI at any time.

The effective date of this Notice is today's date and esigned through TherapyPortal.

Special Notice Regarding Scope of Practice Limitations

Due to the nature of the therapeutic process, during which information of a highly sensitive nature is typically disclosed, it is implicit and explicitly agreed by electronic signature that in the event of legal proceedings such as, but not limited to,

divorce and custody disputes, injuries, lawsuits, etc., neither you, your attorney(s) nor anyone else acting on your behalf will call upon Active Therapeutic Solutions, Jennifer Baker LPC RPT ACS or any Counselor associated with Active Therapeutic Solutions, to testify in court or at any other proceeding, or to provide custody evaluation recommendations.

Neither Active Therapeutic Solutions, nor any of its employees or engaged Counselors may provide legal advice or prescribe medicine.