

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 IT CAREFULLY.

Various Federal and New York (NY) State, Rhode Island (RI) State, Florida (FL) State, and Connecticut (CT) State Laws and Regulations and the Ethics Standards for Clinical Social Workers require that clinical social workers protect the privacy and confidentiality of their patient's health (including mental health) information.

As a clinical social worker I take this legal and ethical obligation very seriously. The federal Health Insurance Portability and Accountability Act ("HIPAA"), requires that I provide my patients with a notice of the privacy practices that I follow in my practice with regard to the protection of the privacy and confidentiality of their health information, what HIPAA refers to as, "Protected Health Information" ("PHI"). I am required to follow these privacy practices as set forth in this notice. However, I may amend these practices from time to time as long as they continue to comply with applicable Federal and (NY, RI, FL, CT) State laws and regulations.

Use and Disclosure of Protected Health Information

I. Definitions

Use means the sharing, utilization, examination or analysis of PHI by me, my employees, and other members of my workforce.

Disclosure means the release, transfer, provision of access to, or divulging in any other manner of PHI by me to persons other than my employees or members of my workforce. Depending on the circumstances, I am permitted to use or disclose PHI without the patient's permission, and in other circumstances I am required to obtain either the patient's consent or authorization.

Consent means a general permission given by a patient for me to use or disclosure PHI - other than psychotherapy notes - for the purposes of (a) treatment, payment, or health care operations, (b) treatment activities for the patient by another health care provider and (c) involvement of a patient's family or friends in

his or her healthcare. Consent may be given orally, though in most instances I will seek to obtain it in written form.

Authorization means an informed permission for the use or disclosure of: (a) psychotherapy notes, (b) PHI for the purpose of marketing, or (c) PHI for purposes other than those where a consent, as noted in the preceding paragraph, is sufficient. An authorization must be in writing and is more detailed than a general consent.

Psychotherapy Notes means a special category of PHI that is held to a higher standard of privacy protection than clinical records because they are not part of the clinical record and are never intended to be shared with anyone else.

Disclosure of psychotherapy notes requires a separate authorization.

Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private individual, group, joint, or family therapy/counseling session and are separated from the rest of the patient's clinical record. Psychotherapy notes excludes medication prescription and monitoring, therapy/counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

II. USE of PHI Without Patient Consent or Authorization

We may USE a patient's PHI without his/her consent or authorization for the following purposes: 1)*Treatment* - this means using PHI, and psychotherapy notes originated by me, or clinicians employed by me, to evaluate a patient's condition and to provide treatment to the patient. An example of this is providing individual or group psychotherapy. 2)*Payment* - this means activities I/we undertake in order to obtain payment for the services I/we render. Examples of this are preparing bills and health insurance claim forms, verifying a patient's health insurance coverage, keeping track of charges for services and payments received. 3)*Health Care Operations* - this means conducting various activities that are required to manage and conduct my practice. Examples of these are quality assurance reviews, training, and supervising persons who work for me, and arranging for accounting, billing, and other practice management related services. 4)*Providing Appointment Reminders and Informing Patients of Treatment Alternatives and other Health Services That May be of Interest* - I may provide

appointment reminders and information about treatment alternatives or other health benefits and services that may be of interest to my patients without obtaining their consent or authorization.

III. DISCLOSURE of PHI With Patient Consent

I/we will obtain patient consent in order to disclose PHI for the following purposes; and, I/we may require such a consent as a condition of providing treatment to a patient: 1)*Coordination and Management of Care* - to other health care providers for the purpose of coordinating or managing health care services to the patient, for example to coordinate my care of a patient with a psychiatrist who is providing that patient with psychotropic medication; 2)*Referral to Another Health Care Provider* - to refer a patient to another health care provider for evaluation, consultation, treatment or services, for example, if I/we refer a patient to a psychologist for psychodiagnostic testing or to a physician to determine if a medical problem may be contributing to the patient's emotional symptoms; 3)*Claims Submission* - to submit a claim for health plan, workers' compensation benefits, or other benefits or payments for services; 4)*Treatment Authorizations* - to submit to a health plan or workers compensation a request for pre-authorization or continued authorization to provide clinical social work services; 5)*Review by a Health Plan or Workers' Compensation* - to permit a health plan or workers' compensation to review PHI, directly or through a company they contract with to do so on their behalf, for utilization review, to assess medical/clinical necessity of services rendered, to determine whether services rendered are covered under the health plan or workers' compensation, to assess the appropriateness of care, or to determine whether there is adequate justification for the charges I/we have submitted to them. 6)*Health Care Operations* - to the extent necessary to carry out certain health care operations necessary to the functioning of my practices, for instance, to my accountant, attorney, or a billing service. In such instances I would have a business associate agreement with these individuals or organizations by which they agree to protect the privacy of the PHI I/we disclose to them to the same extent that I/we am/are required to do so.

IV. USE AND DISCLOSURE of PHI Without Patient Consent or Authorization

1)*Public Health Activities* - In the rare instance that I/we may be requested by a public health authority to disclose PHI limited to the patient's name, contact

information and verification that the patient is/was a patient of mine and during which periods, I/we will first make reasonable efforts to contact the patient to seek his/her consent to release that limited information. If I/we cannot locate the patient or if the patient refuses to consent I/we will not disclose this limited PHI and will notify the requesting public health authority that it will have to provide a court order of disclosure directing me/us to disclose this information before I/we will disclose it. However, if the public health authority clearly indicates to me/us in writing that the disclosure of this limited PHI is necessary to protect the health of the patient, of other persons, or of the public, I/we will disclose this limited requested PHI to the requesting public health authority. 2)*Child Protective Services* - Pursuant to (NY, RI, FL, CT) State Law I/we am/are mandated to report to the appropriate child protective service agencies situations where I/we have reasonable belief that a child is being subjected to child abuse, maltreatment, or neglect. In such instance I/we will not request the patient's consent or authorization to make such a report and to use and disclose PHI and Psychotherapy notes to the limited extent necessary to comply with the mandated reporting statute. 3)*Health Oversight Activities* - Pursuant to the aforementioned State's Public Health Laws, the Office of Professional Medical Conduct (OPMC), "may examine and obtain records of patients in any investigation or proceeding by the board acting within the scope of its authorization." If I/we received a subpoena from an OPMC I/we will attempt to contact the patient involved to inform him/her about the subpoena. If the patient objects to the disclosure I/we will afford the patient a brief, but reasonable period, in which to convince OPMC to withdraw the subpoena or to seek a court order nullifying the subpoena. However, if the patient does not pursue these remedies expeditiously, or if the patient is not successful in his/her pursuit of these remedies, I/we will comply with the OPMC (or similar State institution) subpoena and disclose the requested PHI (and, if requested, psychotherapy notes) to the OPMC without the patient's consent or authorization. 4)*Judicial and Administrative Proceedings* – I/We will use and disclose PHI and psychotherapy notes, without the consent or authorization of the patient in compliance with a court order of disclosure to the extent that the court order of disclosure specifically directs the disclosure. I/We will disclose PHI and psychotherapy notes, without the consent or authorization of the patient, directly to the Court pursuant to a "So Ordered" subpoena that specifically directs the production of these items. In doing so I/we will urge the Court to take steps to protect the

confidentiality of the PHI and psychotherapy notes and to limit their further disclosure. 5) *Medical Examiner or Coroner* - In a rare instance, I/we may be requested by a Medical Examiner or Coroner to provide a copy of a patient's PHI and psychotherapy notes. If I/we receive such a request I/we will: (a) contact the medical examiner and ask him/her to delineate what specific information is needed from me/us and why, (b) if I/we have specific information that is pertinent to the inquiry as delineated by the medical examiner, I/we will inform the medical examiner that I/we cannot release the information without a subpoena issued by him/her directing me/us to disclose that specific information, (c) upon receipt of the subpoena issued by the medical examiner, I/we will disclose, without the need for consent or authorization from the patient or the patient's personal representative, the specific PHI and/or psychotherapy notes in my/our possession that the medical examiner has delineated as being pertinent to the medical examiner's inquiry. 6) *To Avoid a Serious Threat to Health or Safety* - Consistent with ethical standards for clinical social workers and (NY, RI, FL, CT) State law, I/we will use and disclose PHI and psychotherapy notes, without consent or authorization from the patient, if, in good faith, I/we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public [such as a threatened assault or a suicide threat]. I/we will limit my disclosure of PHI or psychotherapy notes in such a situation to disclosure to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat [this may include the police, the potential victim, emergency room staff, and others] and will further limit my disclosure to the minimum amount of information that needs to be disclosed to address appropriately the imminent threat posed by the patient. 7) *Inquiry by the Secretary of HHS* - I/We will use and disclose PHI or psychotherapy notes to HHS, without a consent or authorization from the patient, to the extent needed by me/us to prepare a response to and to respond to an inquiry from the Secretary of the United States Department of Health and Human Services regarding my/our compliance with the provisions of HIPAA. 8) *Other Disclosures Required by Law* - I/We will use and disclose PHI or psychotherapy notes to the extent that such use and disclosure, despite the lack of patient consent or law requires authorization. 9) *Health Care Operations* - I/We may disclose without the patient's consent, a patient's name and address, date of birth, social security number, history of charges and payments, account number, my/our name and address, and the name and address of the patient's health plan, but not any information as to the

patient's condition or the types of services I/we have provided to the patient (other than that the services were provided by a clinical social worker), to collection agency if that becomes necessary for me/us to collect fees owed.

10)Defense in a Legal Proceeding – I/we may use and disclose PHI and psychotherapy notes without the patient's consent to the limited extent that it is necessary to do so in order to defend myself/ourselves in relation to any legal action or other proceeding brought against me/us by that patient.

LIMITED DISCLOSURES OF PHI (a) to a Person Involved With the Patient's Care or Payment Related to the Patient's Care or (b) for Notification to a Family Member, Personal Representative, or Person Responsible for the Care of a Patient of the Patient's Location, General Condition, or Death.

1)Disclosure to Person Involved with the Patient's Care or Payment for Care -

Patients have a right to object to my disclosure to a family member, other relative, or a close personal friend of the patient, or any other person identified by the patient, the PHI directly relevant to such person's involvement with the patient's care or payment related to the patient's health care. Other than in an emergency, I/we will ask the patient for permission before I/we do so. If the patient objects, I/we will not disclose PHI in these situations unless I/we would otherwise be permitted to do so without the patient's consent or authorization (i.e., to prevent the patient from causing harm to himself/herself or others). If I/we ask the patient's permission to do so and he/she does not object I/we will proceed to do so. If the patient lacks the capacity to make a decision in this regard and I/we reasonably infer from the circumstances, based the exercise of my professional judgment, that the patient does not object to the disclosure I/we will make the disclosure. If the patient is not available and I/we determine that the disclosure is in the best interests of the patient; I/we will disclose only the PHI that is directly relevant to the person's involvement with the patient's health care or payment for healthcare. *2)Disclosure for Notification Purposes* - Patients have the right to object to my/our notifying, or assisting in the notification of (including identifying or locating), a family member, a personal representative of the patient, or another person responsible for the care of the patient of the patient's location, general condition, or death. Other than in an emergency, I/we will ask the patient for permission before I/we do so. If the patient objects, I/we will not disclose PHI in these situations unless I/we would otherwise be permitted to do so without the patient's consent or authorization (i.e., to prevent the patient from

causing harm to himself/herself or others). If I/we ask the patient's permission to do so and he/she does not object I/we will proceed to do so. In a situation where a patient lacks the capacity to make a decision in this regard and I/we reasonably infer from the circumstances, based the exercise of my/our professional judgment, that the patient does not object to the notification of the patient's location, general condition, or death, I/we will make the notification. If the patient is not available and I/we determine that the notification is in the best interests of the patient; I/we will make the notification and, in doing so, will only disclose only the PHI that is directly relevant to the notification.

VI. De-Identified Health Information and Psychotherapy Notes for Consultation, Supervision or Training

Consistent with the usual standards of clinical social work, we may seek consultation or supervision from a colleague to aid in working with a patient. In doing so, we will use the patient's health information and material from his/her psychotherapy notes. However, the patient's identity will not be disclosed. Because health care information and psychotherapy notes are only protected from use or disclosure when the patient to whom they relate is identified with them, the law permits such use of de-identified patient information without the consent or authorization of the patient. To the extent that I/we may be involved in training and supervising students, trainees, or other practitioners in mental health to learn under supervision to practice or improve their skills in group, joint, family, or individual counseling/psychotherapy, I/we may use patients' health information and material from their psychotherapy notes. However, the patients' identities will not be disclosed. Because health care information and psychotherapy notes are only protected from use or disclosure when the patient to whom they relate is identified with them, the law permits such use of de-identified patient information without the consent or authorization of the patient.

VII. USES and DISCLOSURES That Require Patient Authorization

1) *Psychotherapy Notes* - Except as set forth in sections II-VI above, I/we will not use or disclose psychotherapy notes without the patient's authorization.

2) *HIV/AIDS Related Information* - In accordance with the provisions of Article 27-F the New York State Public Health Law, I/we will not disclose HIV/AIDS related information, except in an emergency, without the patient's authorization. Except

as set forth in sections II-VI above that relate to disclosure of PHI, I/we will not disclose HIV/AIDS related information without the patient's authorization.

3)Other Uses and Disclosures - Except for those situations listed in sections II-VI above, where I/we will use or disclose PHI without the patient's authorization, I/we will not use or disclose a patient's PHI without his/her written authorization. An example of this is that I/we will not disclose a patient's PHI to his/her attorney, to his/her workplace or to his/her military reserve unit without his/her written authorization. If a patient provides an authorization, he/she may revoke it at any time, in writing, except to the extent that I/we have taken action in reliance on it prior to receiving the written notice of revocation.

VIII. Right to Request Restrictions on Uses & Disclosures of PHI

1)Right to Request Restrictions - Patients have the right to request restrictions on certain uses and disclosures of PHI to carry out treatment, payment, or health care operations. I/we require that all requests for such restrictions be made in writing. *2)A Clinical Social Worker is not Required to Agree to the Requested Restriction* – I/we am/are not required to agree to requested restrictions in the three areas set forth in the preceding paragraph. If I/we agree to a restriction in the use or disclosure of PHI in any of these three areas, such an agreement will not be valid until I/we agree to the restriction in writing and provide a copy of my agreement to the patient. *3)Clinical Social Worker's Agreement to the Restriction* - If I/we agree to a requested restriction I/we may not use or disclose PHI in violation of that restriction except that if the patient who requested the restriction is in need of emergency treatment. *4)Termination of the Restriction* – I/we may terminate my/our agreement to a restriction, if: (a) the patient agrees to or requests the termination in writing, (b) the patient orally agrees to the termination and the oral agreement is documented, or, (c) I/we inform the patient that I/we am terminating my/our agreement to a restriction. However, such termination is only effective with respect to PHI created or received after I/we have so informed the patient.

IX. Right to Request Alternative Communication

The HIPAA Privacy Regulations provide that a patient has a right to request and to receive communications of PHI from me/us by alternative means and/or at alternative locations. Although I/we must accommodate reasonable requests by patients in this regard, I/we may require the patient to make such a request in

writing and may condition the provision of a reasonable accommodation on (1) when appropriate, information as to how payment, if any, will be handled; and (2) specification of an alternative address or other method of contact. I/we may not require the patient, as a condition of providing communications on an alternative basis, to provide an explanation as to the basis for his or her request. I/we require that such requests be made to me/us in writing and specify the alternative billing address as well as an alternative telephone number where I/we can reach the patient if I/we need to. If I/we agree to such a request I/we will inform the patient in writing.

PATIENTS' RIGHTS WITH REGARD TO THEIR PHI AND PATIENT RECORDS

1) Right of Access to PHI – A Patient has the right to inspect and to obtain copies of his/her clinical records, psychotherapy notes, billing records, and other information maintained by me/us which I/we use in making decisions with regard to him/her. The request should be made to me/us in writing or via our electronic secure messaging system (Simple Practice Platform). In limited circumstances I/we am permitted to deny, in whole or in part, a request for access. I/we will notify a patient whom makes such a request of my/our decision in writing. If I/we deny the patient's request, except in very limited circumstances, he/she has the right to require me/us to obtain a review of my decision by another licensed mental health professional who was not involved in my original decision. If the patient is still not satisfied by that second opinion, the patient may require me/us to submit the controversy to the Medical Records Review Committee of the State Department of Health (corresponding to the location of the client during treatment) for a final determination. In the case of a parent or guardian requesting access to my/our records relating to a minor patient child twelve years of age or older, I/we may deny the request if the patient objects to the disclosure. In the case of any request by a parent or guardian for access to the records relating to a minor child, I/we may deny, in whole or in part, a request for access if, in my/our opinion access to the information requested by the parent or guardian would have a detrimental effect (i) on my/our professional relationship with the minor patient, (ii) on the care and treatment of the minor patient; or (iii) on the minor patient's relationship with his or her parents or guardian; or for other statutory reasons. In such instance, the appeals provided for in the preceding paragraph would apply. If I/we provide copies of the records in question, I/we will provide them free of charge the first time if the request for a

secured electronic copy; the request is made for a paper and mailed copy then I will seek reimbursement for postage. Requests after the first one in the same calendar year may be subject to a fee of up to \$1.00/page. However, I/we may not deny a copy of the records solely on the ground that the patient is unable to pay for the copy.

II. Right to Amend PHI - A patient has the right to request that his/her clinical records, psychotherapy notes, billing records and other information maintained by me/us which I/we use in making decisions with regard to him/her, be amended. This request must be in writing. It must specify: (a) the specific entry in the records which is alleged to be incorrect, (b) the requested amendment, and (c) why he/she believes that the record is incorrect. I/we may deny the patient's request for amendment under certain circumstances. I/we will provide the patient with my/our determination on their written request in writing. The patient may submit a written statement of disagreement to me/us if he/she disagrees with my decision. I/we may then issue a rebuttal statement, if I/we do so, I/we will provide a copy to the patient. If the patient submitted a statement of disagreement I/we will append it to the patient's record. If I/we disclose the PHI in question in the future, I/we will either submit the request for amendment, my/our decision, the patient's statement of disagreement (if any), and my/our rebuttal (if any), or a summary of the information along with that disclosure. If the patient does not submit a statement of disagreement, then I/we will only provide either a copy of the patient's request for amendment and my/our denial of that request, or a written statement of the facts, with future disclosures of the PHI in question, if the patient requests, in writing, that I/we do so.

III. Right to Accounting of Disclosures of PHI - Other than in limited circumstances, a patient has the right to obtain an accounting for disclosures of his/her PHI over the past six years other than disclosures that were made: (a) to carry out treatment, payment, and health care operations; (b) to the patient of PHI about him/her that was provided pursuant to his or her request for access to his/her PHI; (c) pursuant to the patient's authorization to disclose PHI or psychotherapy notes; (d) to persons involved in the patient's care or for other notification purposes; (e) for national security or intelligence purposes; (f) to correctional institutions or custodial law enforcement situations; (g) as part of a limited data set that does not contain identifiable data; (h) prior to the date I/we was/were required to comply with HIPAA Privacy Regulations; or (i) incident to a use or

disclosure pursuant to items a), b), c), d), and g), above. A request for disclosure must be made in writing and must specify the time period involved, which cannot be prior to the date I/we became a “covered entity,” under HIPAA. I/we will respond to such requests in writing. Patients have the right to one such accounting in every twelve month period free of charge. I/we am/are permitted to, and will charge a cost-based fee to comply with such additional requests during that twelve month period. I/we will inform the patient, in advance, of the fee and permit him/her to withdraw the request or modify it in order to avoid or reduce the fee.

NOTICE OF PRIVACY PRACTICES

The federal Health Insurance Portability and Accountability Act (“HIPAA”), requires that I/we provide my/our patients with a notice of the privacy practices that I/we follow in my practice with regard to the protection of the privacy and confidentiality of their health information, what HIPAA refers to as, “Protected Health Information” or “PHI”. I/we am/are required to follow these privacy practices as set forth in this notice. Any person has the right to request a paper copy of this notice by submitting a written request to me/us at any time. I/we may amend my/our privacy practices from time to time as long as they continue to comply with applicable Federal and (NY, RI, FL, CT) State laws and regulations. If I/we amend my/our privacy practices I/we will issue a new Notice of Privacy Practices and will provide it to all of my current patients, on request, and to new patients whom I/we see after the date that new Notice of Privacy Practices is effective. If I/we amend my/our privacy practices and issue a new Notice of Privacy Practices, I/we reserve the right to change in the future the terms of my Notice of Privacy Practices and to make such new provision(s) applicable to all of the Protected Health Information I/we either created or received prior to issuing the new Notice of Privacy Practices. I/we will post a copy of my current Notice of Privacy Practices on my website and will have copies available to provide to those who request them.

COMPLAINTS

If a patient has any questions or concerns about this Notice of Privacy Practices he/she may discuss them with me. If a patient believes that I/we have violated his or her privacy rights he/she may complain to me, in writing, specifying: (a) the action or failure to act which is the cause of the complaint; (b) approximately

when this action or failure to act took place; (c) why he/she believes the alleged action or failure to act was improper; and (d) the remedy he/she is seeking. I will respond to the complaint in writing, although I may offer the patient an opportunity to discuss the matter with me before doing so. A patient may also file a complaint with the Director of the Office of Civil Rights of the United States Department of Health and Human Services: by writing to:

HIPAA Complaint, 7500 Security Boulevard, Room C5-24-04, Baltimore, Maryland 21244; or on-line at: <http://cms.hhs.gov/hipaa/hipaa2/default.asp>.

PRIVACY OFFICIAL

Every health care provider who is required to be HIPAA Compliant must designate a privacy official. We have designated, Michelle Friedman, LCSW, PMH-C as the privacy officer of the practice, to: 1) *Receive*, investigate and respond to all complaints about alleged violations of HIPAA regulations in my practice. 2) *Receive*, respond to and take all action required to be taken by my practice regarding all: a) Patient requests for access to his/her PHI, b) Patient requests for amendment of his/her PHI, c) Patient requests for an accounting of disclosures of his/her PHI, d) Patient requests for restrictions on the use and disclosure of his/her PHI, e) Patient requests to receive communications of PHI from me/us by alternative means and/or at alternative locations, and f) Requests for a copy of my Notice of Privacy Practices. 3) *Develop* and implement privacy and security practices for my practice and address any concerns relating to the privacy and security of PHI which arise in my practice. 4) *Monitor* the effectiveness of the privacy and security practices in my practice and take any corrective action that is indicated to address any concerns relating to privacy and security of PHI.

I can be reached at the following address and telephone number:

Mail:

Grace Street Counseling LLC
7901 4th ST N
STE 8163
St. Petersburg, FL 33702
Phone: (631) 540.0554

Effective Date of this Notice of Privacy Practice

The effective date of this Notice of Privacy Practices is May 26, 2022.

