

Notice of Privacy Practices

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This notice goes into effect on 4/1/21.

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.

A. INTRODUCTION: TO MY CLIENTS

Note: when I use the words "you" and "your" below, it can mean you, your child, or a person whom you legally or personally represent.

Privacy is a very important concern for me and all those who come to my office. It's also complicated, because of the many applicable federal and state laws, and my professional ethics. Because the rules are so complicated, some parts of this notice are very detailed. It will tell you how I handle your health information, how I use this information here in my office, how I disclose (share) it with other health care professionals and organizations, and how you can see it. I 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, I will be happy to help you understand my procedures and your rights (see contact information above, or message me securely through the SimplePractice platform).

B. WHAT I MEAN BY YOUR HEALTH INFORMATION

Each time you visit me or any other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, the tests or treatment you got, or payment for health care. All this information is called "PHI," which stands for "protected health information" and means its privacy must be protected. This information goes into your health care record in my office. In my 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, relationships, and other personal history.
- Your medical history of problems and treatments.
- 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: This is a list of the treatments and other services that I think will best help you.

- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated or evaluated you.
- Psychological test scores, school records, and other evaluations and 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 record at my office.

C. PRIVACY AND THE LAWS ABOUT PRIVACY

I'm required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Omnibus Final Rule of 2013. HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices.

This form is not legal advice. It is just to educate you about your rights and my procedures. It is based on current federal and state laws and might change if those laws or court decisions change. If I change my privacy practices, they will apply to all the PHI I keep. I will post any new *Notice of Privacy Practices* in my office where everyone can see. You can also get a copy from me at any time.

I will obey the rules described in this notice.

D. HOW YOUR PROTECTED HEALTH INFORMATION (PHI) CAN BE USED AND SHARED

The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. Mainly, I will use your PHI in my office and disclose it for routine purposes to provide for your care; I'll explain more about these below. For other uses, I must tell you about them and ask you to sign a written "release-of-information" form. However, the law also says that there are some situations where I don't need your consent or authorization to share your PHI, which I will explain below in section 3. Anytime I disclose your PHI to others, I will share only the minimum necessary needed for those other people to do their jobs.

1. Uses and disclosures with your consent to treatment

I need information about you and your condition to provide care to you. In almost all cases, I will use your PHI to provide treatment to you, to share it with other people or organizations to arrange for payment for my services, or for some other business functions called "health care operations." I will ask you to sign a separate form before I begin to treat you that acknowledges you've been exposed to this *Notice of Privacy Practices*. ***When you agree to receive services from me, you must also agree to let me use and share your PHI in the ways that are described in this Notice of Privacy Practices. If you do not agree, I won't treat you because there is a risk of not helping you if I don't have some information.***

A. The basic uses and disclosures: For treatment, payment, and health care operations

For treatment. I use your information to provide you with mental health treatments or services. These might include individual, family, or group therapy, treatment planning, or measuring the benefits of my services. Upon beginning therapeutic work with you, I will establish and maintain a separate clinical treatment record on you. I will maintain this clinical record in line with accepted standards of social work practice, as well as in accordance with privacy laws. Any electronic records will be stored securely on the HIPAA compliant SimplePractice* platform, Google Workspace* platform, or encrypted hard drive. All platforms will be password protected. Any paper records will be stored in a locked file cabinet, behind a locked office door.

If I want to share your PHI with any other professionals outside my office, I will need your prior written consent on a signed release-of-information form. For example, I may refer you to other professionals or consultants for services I cannot provide. When I do this, it's best to tell them things about you and your conditions. In order to do so, I will need your permission on a signed release-of-information form. Later I 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, I can also share your PHI with them, but only when you give your permission by signing a release-of-information form. This is so that you will know what information is being shared and with whom.

For payment. I may use your information to bill you, your insurance, or others, so I can be paid for the services I provide to you. I may contact your insurance company to find out exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, your progress, and other similar things. Insurers may also look into a few of my client records to evaluate the completeness of my record keeping. If your clinical treatment record, or portion of that record, needs to be made available to an insurance company, I will inform you of the nature of the information contained in that record that will be disclosed.

I may share communications, information, or records without your prior written consent if it's for the sole purpose of collecting amounts owed for my professional services. Any such disclosure would be limited to a description of the services provided for which amounts are owed, the dates the services were provided, and the amounts owed for such services and any other financial information. If a client has made claims about my competence as a social worker, or the quality of my services, I may disclose any and all information reasonably necessary to refute such claims.

For health care operations. Using or disclosing your PHI for health care operations goes beyond my care and payment for services. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and all personal information will be removed from what I send.

***A note about business associates:** I hire other businesses to do some jobs for me. In the law, they are called my "business associates." These business associates need to receive some of your PHI to do their jobs properly. An example includes the HIPAA compliant SimplePractice platform I use to securely

store your records, to communicate privately with you, and to help me figure out and submit my bills. To protect your privacy, business associates have agreed in their contracts with me to safeguard your information just as I do.

2. Uses and disclosures that require your consent

As an independent clinical social worker licensed in Massachusetts, and as a member of the National Association of Social Workers, I maintain your privacy more carefully than is required by HIPAA. If I want to use your information for any purpose besides those described above, I need your permission on a release-of-information form. If you do allow me to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any time. I will then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have used here already or disclosed to anyone with your permission.

3. Uses and disclosures that don't require your consent or authorization

In some cases, HIPAA and/or Massachusetts state laws let or require me to use and disclose some of your PHI without getting your consent or authorization. In any case, I will disclose only what is reasonably necessary for that particular situation. I will do my best, within the parameters of the law, to notify you if any of these situations occur. The following are some examples of this type of use and disclosure:

a. To prevent harm to a client: If I come to believe that a client's behavior indicates a clear and present danger to him/herself, and the client has explicitly refused voluntary appropriate treatment or services, I may disclose communications, information, and/or records necessary to protect the safety of the client. In such a situation where disclosure without the written consent of a client is authorized, and I believe the client can be involuntarily committed to a hospital or other health care facility for appropriate treatment or services, I shall take all appropriate actions, within the lawful scope of practice as an LICSW, to initiate the process for involuntary hospitalization of that client. In so doing, I may disclose any and all client communications, information, or records necessary to carry out my obligations.

In such a situation where disclosure without the written consent of a client is authorized, and whether or not I believe the client can be involuntarily committed to a hospital or other health care facility, I may disclose client communications, information, or records to members of the client's family or other individuals, if in my professional judgment I believe it would assist in protecting the safety of the client.

b. To prevent a client from harming others: If a client has communicated to me an explicit threat to kill or inflict serious bodily injury upon an identified, or identifiable, victim(s), and the client seems to have the intent and ability to carry out the threat, I may disclose client communications, information, or records without prior written consent of the client. Also, if a client has a history of physical violence that I'm aware of, and I have reason to believe there is clear and present danger that the client will attempt to kill or inflict serious bodily injury upon an identified or identifiable victim(s), I may disclose client communications, information, or records without prior written consent of the client.

In such a situation, I shall take one or more of the following actions:

- Make reasonable efforts to communicate the threat to the identified or identifiable victim(s).

- Make reasonable efforts to notify appropriate law enforcement agency.
- Make reasonable efforts to arrange for voluntary hospitalization of the client for appropriate treatment.
- Take appropriate steps to initiate the process of involuntarily hospitalizing the client.

c. *When required by law:* There are some federal, state, and local laws that require me to disclose PHI. For example:

- As a mandated reporter in the state of Massachusetts, if I have reasonable cause to believe that a child is suffering physical or emotional injury resulting from a) abuse inflicted upon him/her (including sexual abuse), b) neglect (including malnutrition), or c) physical dependence upon an addictive drug at birth, I must immediately report this to the Massachusetts Department of Children and Families. I may, in addition, contact local law enforcement authorities or the child advocate about the suspected abuse or neglect. If I have reasonable cause to believe that a child has died as a result of any of the conditions listed above, I'm required to report the death to the district attorney for the county in which the death occurred, as well as to the office of the chief medical examiner.
- I must comply with statutory obligations to report suspected abuse, neglect, or mistreatment of an elderly person, a long term care facility resident, or a person receiving hospice or home health agency services.
- I must comply with any order by a court of competent jurisdiction to disclose your communications, information, and/or records. In any court proceeding, you have the privilege to refuse to allow me to disclose any of our communications, wherever made, related to the diagnosis or treatment of your mental or emotional condition. This privilege won't apply if such disclosure or testimony is ordered by the court. I will protect your confidentiality during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders me to disclose confidential or privileged information without your consent, and such disclosure could cause you harm, I will request that the court withdraw or limit the order as narrowly as possible, or ask that the records remain unseen by the public.
- I have to disclose some information to the government agencies that check on me to see that I am obeying the privacy laws, and to organizations that review my work for quality and efficiency.

d. *For law enforcement purposes:* I may need to release health information if asked to do so by a law enforcement official to investigate a crime or criminal.

e. *For public health activities:* I may disclose some of your PHI to agencies that investigate diseases or injuries. In such a case, your name, and any other identifying information would be removed first.

f. *For matters relating to deceased persons:* Generally, if a client has died, then only the appointed executor or administrator of their estate has the legal right to seek records of the deceased client. It is permissible for me to provide a summary of the records.

g. For specific government functions: I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I 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

With a signed release of information form, I can share some information about you with your family and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

5. An accounting of disclosures I have made

When I disclose your PHI, I will keep a record of whom I sent it to, when I sent it, and what I sent. You can get a list of many of these disclosures. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. If the records were sent as electronic medical records, I will always record that, and there will be no charge for an accounting.

E. YOUR RIGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION

1. You can ask me 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. For example, you can ask me to call you at home, rather than at work, to schedule or cancel an appointment. I will try my best to do as you ask, and I don't need an explanation.

Sending your information in emails or texts has some risk that they could be read by someone else. I will use email for only simple messages like changing appointments, and not use it for any PHI or sensitive information. The SimplePractice platform has a secure messaging feature that I prefer to use, instead of email or texts. I ask that you also use this feature, and be thoughtful before you put any information in an email or text. Do not use email or text messages for anything you want kept private. By signing the separate *Consent to Use and Disclose Your Health Information* form, you agree to this use of email and texting. Please note that anything you send me electronically becomes a part of your legal record, even if I do not place it in the chart. Be mindful of this, and please do not forward me emails or screenshots from third parties or others in your life. It is better to print those out and bring them in to discuss them.

2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. You can ask me face to face, and I may then ask for your written permission. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, when there is an emergency, or when the information is necessary to treat you.
3. You have the right to prevent my sharing your PHI with your insurer or payer for its decisions about your benefits or some other uses if you paid me directly ("out of pocket") for services, and weren't asking the insurer to pay for those services. You have this right unless I am under contract with your insurer (on their panel of providers).

4. You have the right to look at the PHI I have about you, such as your health and billing records. Generally I don't recommend that you get a copy of your records, because the copy might be seen accidentally by others. I will be happy to review the records with you, or work out any other method that satisfies you. With some exceptions, I shall, upon written request by you or an authorized legal representative of you, permit you or your authorized legal representative to inspect your clinical treatment record. Upon such a written request, I shall also permit you or your authorized legal representative to obtain a copy of that clinical treatment record. I may charge a reasonable fee, not to exceed the actual cost of reproducing the cost of such record, for this service.

I may decline your request to inspect or obtain a copy of your clinical treatment record if, in my professional judgment, I believe allowing it would adversely impact your physical or mental well-being. In such a case, I would provide a treatment summary instead of your full clinical treatment record. If you still request a copy of your full clinical treatment record, I shall provide a copy to either an attorney or psychotherapist designated by you.

5. You have the right to amend your records to explain or correct anything in them. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions or to include your own written statements to correct the situation. You have to make this request in writing and send it to me.
6. You have the right to a paper copy of this *Notice of Privacy Practices*. Let me know if you would like one. If I change this *Notice*, I will post the new one in my office, and you can always get a copy from me.
7. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact me. I will do my best to resolve any problems and do as you ask. You have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257. I will not in any way limit your care here or take any actions against you if you complain or request changes.

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. I will be happy to discuss these situations with you as they arise.

F. IF YOU HAVE ANY QUESTIONS OR PROBLEMS

If you have any questions or problems about my health information privacy policies, please contact me at laura@stirklicsw.com, or (856) 242-8109.

Acknowledgement of Receipt of Privacy Notice

By checking the box below, you are acknowledging that you have received a copy of this Notice of Privacy Practices.