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.

Notice of Privacy Practices - or NPP

When you visit a healthcare provider, the health information that you provide is private information. But there are circumstances when some portion of that information might be shared. These circumstances generally fall within three broad categories. The three broad categories fall under the headings of 1) treatment, 2) payment for services rendered, and 3) other health care information. Each category is explained below. Each of these categories also requires your consent. Since each of these categories is also necessary if you are to receive the treatment and/or services that you are seeking, there will be an accompanying consent form that you will be asked to sign. This consent form is a way of showing that you understand how your private health information can be used, and that you are consenting to have the healthcare provider you are seeing use the information for these purposes.

The first of the three categories refers to matters related to your treatment and/or the services you are requesting.

- In order to provide you with the type of treatment or services you are requesting, a therapist might feel that it’s important to contact, with your consent, other professionals (physicians, therapists or others) who are providing services to you now, or who have provided services to you in the past.

- Sometimes, you will actually be the one initiating this contact. Let’s say, for example, that you want your therapist to communicate information with another doctor, facility or school. In those instances, (you’ll actually be asked to sign a written release of information allowing the provider to do so) the therapist will usually communicate with the person or persons you wish.

The second broad category refers to payment for services. These typically refer to instances where you are requesting that your therapist determine whether your insurance will reimburse you for some portion of the treatment and/or services you are requesting.

- In these instances, the insurance company may ask the therapist or the provider’s representative information about the condition that you are being treated for. Typically, for example, they want to know your diagnosis. And if you wish the insurance company to reimburse you or the therapist for ongoing services, they may ask the provider for periodic updates about your progress, to determine whether they will be able to provide this reimbursement.

- I do not take insurance, so I will not be disclosing any of your information on your behalf unless you attempt to submit a superbill to your insurance company for out of network benefits. We can discuss this further if you choose to do this.
The third broad category refers to other health care information. Generally, this covers things that a therapist’s office does to improve the level of care that’s provided. The following examples could fall under this third broad category.

- There are times when a therapist is away from the office and unavailable. On these occasions, the therapist may arrange for another healthcare provider to handle any emergencies that might arise. On these occasions, it therefore may become necessary for this other healthcare provider to have access to your private health care information. Your consent to these privacy practices shows that you understand the need for this, and that you also agree with this practice.

- Should the therapist ever contract with an outside service to do things like provide billing services, someone other than the healthcare provider will see some of your private health information. Outside services like these are referred to as Business Associates. To protect your privacy, any outside service or business associate is requested, as part of their contract, to agree to the healthcare provider’s privacy policies. I currently do not use a service for billing, but if I do choose to do so in the future I will notify you in advance.

As mentioned, the three categories just described fall under the headings of 1) treatment; 2) payment; and 3) other health care information. Their corresponding initials are TPO. In the future, when referring to private health information requiring your consent, you will simply see the initials TPO. When you do, know that they refer to the three broad categories described above.

**Uses and Disclosure Requiring Your Authorization**

In rare instances, there may come a time when a healthcare provider wishes to use private health information for reasons other than TPO. Should this ever arise, your written permission will be required. You will be asked to sign what’s known as an authorization form.

In signing an authorization form, you are permitted to cancel the authorization at any time. If you cancel your authorization, no further information will be disclosed. There will be no way, however, to take back any information that you already agreed to disclose or that had already been used for the reasons you had previously agreed to.

**Uses and Disclosures of Private Health Information That Does Not Require Consent or Authorization**

There are also instances where doctors, clinicians and other therapists are required by law to share information that clients may have provided without requiring your consent or authorization. Here are four examples:

- If a client’s life is in danger, or if a client is intending to endanger the life of another person, therapists are required to share information that can prevent or reduce the threat of serious harm to the client whose life is in danger, or to the person that the client is intending to seriously harm.

- Also, if a therapist suspects that a child is being physically or sexually abused, or that a child is being exposed to domestic violence, the provider is required by law to call appropriate authorities.

- The same is true for suspicion of elder abuse or neglect. If this is suspected, the therapist is obligated to report this information to the authorities.
Therapists are also required to release some portion of information provided to them by a client when the court issues a subpoena, requesting this information. Typically, a subpoena arises out of a lawsuit or other legal proceeding that a client is involved in.

When directed to do so by a court of law, therapists can also be asked to release information to law enforcement officials when they are investigating a crime or a criminal.

Therapists are also sometimes asked to disclose personal health information of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers’ Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

Uses and Disclosures Requiring You to Have an Opportunity to Object

If it is an emergency - such that your therapist has no way to know whether you agree or disagree – the provider can share information if the provider believes that it is what you would have wanted, and if the provider believes that sharing the information can help you. You will learn of the information that was shared as soon as possible. If you don’t approve, no further information will be shared. The exception to this though, is if sharing the information is required by law.

You might also request that a therapist share information about you to others in your family or others whom are close to. You will tell the therapist who these others are, and the nature of the information that you wish to share. Your wishes will be honored here. The only exception, once again, is when a therapist has an obligation to share information required by law.

An Accounting of Disclosures: When a therapist discloses private health care information, there is a record kept of the disclosure. You can speak to your therapist or his/her representative about these disclosures.

What is Meant By Protected Health Information

Any person who has ever visited a doctor has provided that doctor with protected health information. In its broadest sense, protected health information (or PHI) refers to information that you provide to a doctor, therapist or other therapist that relates in any way to the treatment or services that you seek. Typically, this information goes into a client record or into a file. Usually, this record or file includes things like the following:

- Your history, including childhood history, school history, marital history and personal history.
- Reasons that brought you to the provider. These include things like the symptoms you are experiencing, or the goals that you wish to achieve.
- Diagnoses – both past and present.
- Information pertaining to any medications you are taking now or have taken in the past.
- Ongoing information related to your treatment or the services you are receiving, if they are ongoing.

This information is kept in a provider’s file in a secure file cabinet.

A therapist uses the medical, historical, diagnostic and other information collected above for different purposes. They include:
• To plan the care and services you requested.
• To see how well treatment or services are progressing.
• To coordinate with other healthcare providers, at your request, who also are involved in your care.
• To improve our services by measuring the results of our efforts.

Other Things to Keep In Mind About Your Protected Health Information or PHI

Although your health care record is the physical property of the therapist, the information belongs to you. You can inspect it, read it and review it unless the therapist deems it might be harmful to you to access this information. You can also request that a provider arrange to have the information photocopied. You might be asked to pay for the cost of photocopying in these instances.

If you find anything in your record that is incorrect, or something that’s missing, you can ask to have it amended. In rare instances, a therapist may disagree with you, and feel the information should remain as is. But again, these instances are rare.

Notice of Privacy Practices and HIPAA

The HIPAA law requires therapists to keep PHI private and to give clients or patients seeking their services a notice of the therapist’s privacy practices and legal duties. This notice is referred to as the Notice of Privacy Practices or NPP. The information provided in the pages above is this therapist’s NPP.

These privacy practices are in effect as of January 1, 2016. It’s possible that new privacy practices will be adopted in the future. If any new privacy practices are adopted that apply to the treatment or services you are receiving, you will be notified of these changes.

If You Have Questions or Problems

In large medical centers or large group practices, there will be what’s known as a Privacy Officer to answer any questions you might have regarding your private health information. But in small or solo practices, the therapist will often serve as the Privacy Officer. So, you need more information or have questions about the privacy practices described above, please speak to your therapist.

If you have a problem with how your private health information has been handled, or if you believe your rights have been violated, contact the therapist. You have a right to file a complaint. The therapist will try his/her best to resolve the matter as quickly as possible. You can also file a complaint with the Secretary of the Federal Department of Health and Human Services.

If you have any questions regarding this notice or the health provider’s privacy policies, please contact this provider, Laura Fish, MFT. The provider can be reached at 760-215-2573.

Consent to Healthcare Providers Notice of Privacy Practice or NPP

This consent form is intended to show that you read and understand the privacy practices of the therapist you are seeing, whose name is Laura Fish, MFT. This consent also shows that you agree with these privacy practices.
Your therapist needs your consent here in order to provide you or a member of your family with the services that you are requesting.

After you have signed this consent, you have the right to revoke it at any time. Simply write your therapist a letter telling the provider of this.

Client: ___________________________  Birth date of Client: ___________________________

___________________________________________  _____________________
Signature of client or client’s personal representative  Date

___________________________________________  Relationship to client
Printed name of client or client’s personal representative

Description of Personal representative’s authority

Copy given to the client/parent/personal representative ___________________________

Updated: March 2009