

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This office uses a paperless record keeping system. All client files are stored in 3DES encrypted form in three locations: locally, on a tablet with fingerprint security lock, backed up on an external hard drive kept in a locked filing cabinet. Remote long term data storage is held at Iron Mountain, a reputable medical record storage company.

WHO WILL FOLLOW THIS NOTICE

Achieve Your Full Potential, PLLC (AYFP) and the social workers employed by AYFP. We may use your PHI for treatment, payment, operations, or research purposes as described in this Notice.

ABOUT THIS NOTICE

This notice will tell you about the ways we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU. The following categories describe different ways that we use and disclose PHI. Not every use or disclosure in a category will be listed, but all of the ways we may use and disclose information will fall within one or more of the categories.

For Treatment - We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to other caregivers who are involved in taking care of you.

For Payment - We may use and disclose PHI about you so that we may bill for treatment and services you receive from us and can collect payment from you, an insurance company, or another party. For example, we may need to give information about treatment you received from us to your health plan so that the plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare providers for purposes of payment as permitted by law. You may request us to withhold PHI from

your health plan if the information relates to services you paid for yourself in full.

For Health Care Operations - We may use and disclose PHI about you for our operations. For example, we may use PHI to evaluate the performance of our staff caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

Appointment Reminders - We may use and disclose PHI to contact you to remind you that you have an appointment for treatment or medical care.

Treatment Alternatives - We may use PHI to tell you about possible treatment options that may interest you.

Health-Related Benefits and Services - We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

As Required By Law - We will disclose PHI about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

New York State Law - Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice of Privacy Practices may not apply to these types of information.

Military and Veterans - If you are a member of the armed forces of the United States or another country, we may release PHI about you as required by military command authorities.

Worker's Compensation - We may release PHI about you for worker's compensation or similar programs.

Public Health Risks - We may disclose to authorized public health or government officials medical information about you for public health activities such as the following:

- for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
- to prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with food or other products;
- to notify people of recalls or replacements of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for

- contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement - We may release PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime, if under certain circumstances we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime;
- to authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations;
- to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Coroners, Medical Examiners and Funeral Directors - We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy - You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include psychotherapy notes, information compiled for use in a legal proceeding, or certain information maintained by laboratories.

In order to inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are

denied access to PHI, you may request that the denial be reviewed. A licensed healthcare professional will conduct the review. The reviewer will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend - If you think that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us. To request an amendment, your request must be made in writing. You must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by or for us;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

We will provide you with written notice of action we take in response to your request for amendment.

Right to an Accounting of Disclosures - You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of PHI about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment, healthcare operations, or made pursuant to an authorization signed by you. To request an accounting of disclosures, you must submit your request in writing. Your request must state a time period, which may not be longer than six years. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you.

Right to Request Restrictions -You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. **We are not required to agree to your request.** If we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your treatment in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at your first treatment encounter.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the changed

Notice effective for PHI about you we already have as well as any information we receive in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization, on our authorization form. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

OFFICE OF CIVIL RIGHTS

U.S. Dept. of Health & Human Services

Region II

Jacob Javitz Federal Building

26 Federal Plaza – Suite 3312

New York, NY 10278

Received by _____

Date _____