**Sarah J. Looney, MEd, LPC**

**Notice of privacy Practices**

This notice describes how health information about you may be used and disclosed and how you can get access to this information

Please read it carefully

The privacy of your health information is important to me

**My Legal Duty**

I am required by applicable federal and state law to maintain the privacy of your protected health information. I am also required to give you this notice about my privacy practices, my legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this notice while it is in effect. This notices takes effect January 1, 2019 and will remain in effect until I replace it.

I reserve the right to change my privacy practices and the terms of this notice at time provided such changes are permitted by applicable law. I reserve the right to make the changes in my policy practices and the new terms of my notice effective for all health information that I maintain, including health information I created or received before I made changes. Before I make a significant change in my privacy practices, I will change this notice and make the new notice available upon request.

You may request a copy of my notice at any time. For more information about my privacy practices, or additional copies of the notice, please contact me using the information listed at the end of this notice.

**Uses and disclosures of protected health information**

I may use and disclose your protected health information based upon your implied consent about your treatment, payment, and healthcare operations. For example:

Treatment: By requesting to be treated by this counselor, you are implying consent to the use and disclosure of your protected health information by this counselor and others outside my practice that are involved in your care and treatment for the purpose of providing health care services to you. I may use or disclose your health information to a physician, psychiatrist, hospital personnel, or other healthcare providers providing treatment to you.

Payment: I may use and disclose your protected health information to obtain payment for services I provide to you.

Healthcare Operations: I may use and disclose, as needed, your protected health information in order to support the business activities of this practice. Healthcare operations may include, but are not limited to, quality assessment and improvement activities, certification, accreditation, credentialing, or licensing activities.

**Uses and disclosures of protected health information that may be made with your written authorization**

Your Authorization: In addition to my use of your protected health information for treatment, payment, or healthcare operations, you may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by our authorization while it was in effect. Unless you give me written authorization, I cannot use or disclose your health information for any reason except those described in this notice. With your signed authorization, I may use your demographic information and the dates that you received treatment from me, as necessary, in order to contact you for appointment reminders (verbal and written), patient referral thank-you letters, newsletters, etc.

To your family and friends: I must disclose your protected health information to you as described in the Patient Rights section of this notice. I may disclose your protected health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree I may do so.

Person involved in care: I may use or disclose your protected health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your protected health information, I will provide you with an opportunity to object to such uses or disclosures.

In the event of your incapacity or emergency circumstance, I will disclose your protected health information based on a determination using my profession judgement, disclosing only health information that is directly relevant to the person’s involvement in your healthcare.

I will also use my profession judgement and my experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical records or other pertinent forms of health information.

Marketing and health-related services: I will not use your protected health information for marketing communications without your written authorization.

**Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object.**

Required by law: I may disclose your protected health information when I am required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public health: I may use and disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Communicable diseases: I may use or disclose your protected health information, if authorized by by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health oversight: I may use or disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or neglect: I may use and disclose your protected health information to appropriate authorities if I have a reasonable belief that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. I may use and disclose your health information to the extent necessary to avert a serious threat to your health or safety of others.

Legal proceedings: I may use and disclose your protected health information in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or safety of others.

Law enforcement: I may use of disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

1. Legal process and otherwise required by law
2. Limited information requests for identification and location purposes
3. Pertaining to victims of crime
4. Suspicion that death has occurred as a result of criminal conduct
5. In the event that a crime occurs on the premises of the practice, and
6. Medical emergency (not on practice premises) and likely that a crime has occurred

National security: I may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. I may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities. I may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information or inmates or patients under certain circumstances.

Worker’s compensation: I may use or disclose your protected health information, as authorized, to comply with workers’ compensation laws and other similar legally-established programs

Required uses and disclosures: under the law, I must make disclosures to you and when required by the Security of the Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164 500 et. seq seq

**Patient Rights**

Access: You have the right to look at or acquire copies of your protected health information with limited exceptions. You may request that I provide copies in a format other than photocopies. I will use the format you request unless I cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. I will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, you will be charged $1.00 for each page and $10.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, you will charged a cost-based fee for providing your health information in that format. If you prefer, I will prepare a summary or an explanation of your health information for a fee. Contact me by using the information listed at the end of this notice for a full explanation of my fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which I disclosed your protected health information for purposes other than your treatment, payment, healthcare operations and certain other activities for at least seven years. If your request this accounting more than once in a 12-month period, you will be charged a reasonable, cost-based fee for responding to these additional requests.

Restriction: you have the right to request that I place additional restrictions on my use or disclosure of your protected health information. I am not required to agree to these restrictions, but if I do, I will abide by our agreement except in the case of an emergency.

Alternative communication: You have the right to request that I communicate with you about your protected health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location of your requests.

Amendment: You have the right to request that I amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. I may deny a request under certain circumstance.

Electronic notice: if you receive this notice by mail, you are entitled to receive this notice in written form.

**Questions and complaints**

If you want more information about my privacy practices or have questions or concerns, please contact me.

If you are concerned that I may have violated your privacy rights, or you disagree with a decision I made about your access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have me communicate with you by alternative locations, you may complain to me using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services.

I support your right to privacy of you health information. I will not retaliate in any way if you choose to file a complaint with me or with the U.S. Department of Health and Human Services.

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