

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 THIS CAREFULLY.

This Notice specifically describes the policies of PALOMA SPARROWHAWK, LMHC, and mental health practice. References to “we,” “our” or “us” in this Notice refer specifically to the policies and practices of PALOMA SPARROWHAWK, LMHC.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE. You will be asked to provide a signed acknowledgement of receipt of this Notice. The intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your services will not depend upon your signed acknowledgment. If you decline to sign an acknowledgement, we will continue to provide with services. However, we will also use and disclose your protected health information for provision, payment, and reporting of services, when necessary, as described in this Notice.

OUR RESPONSIBILITIES REGARDING YOUR PROTECTED HEALTH INFORMATION.

We understand that your medical and health information is personal and that protecting your health information is important. “Protected Health Information” is individually identifiable health information which includes items such as name, age, address, social security number, email address, etc. We follow strict federal and state laws that require us to maintain the confidentiality of your health information. We are required by law to do the following:

1. Maintain the privacy of your health information.
2. Provide this Notice that describes the ways that we may use and share your protected health information.
3. Follow the terms of the Notice currently in effect.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

Your records will be retained by us for approximately seven (7) after your last date of service in this office. After that time has elapsed, your records will be erased, shredded, burned or otherwise destroyed in a way which protects your privacy. Copies of mental health records generated by this office which have been distributed to other entities may continue to exist under the privacy policies established by those entities. Until your records are destroyed, they may be used for the following purposes:

For Required Uses and Disclosures: We may disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with Lawson the protection of your health information.

For Treatment: We may use and disclose your protected health information to provide your care and any related services. This includes the coordination of management of your health care with a third party. For example, we might disclose your protected health information to a therapist who is co-leading a therapy group in which you have asked to participate at this office. We might also disclose your information to a professional colleague who provides us with clinical consultation services. Any person or entity with whom your information is shared will also be required to comply with federal privacy practices regarding your protected health information.

To Obtain Payment: Your protected health information will be used, as needed to obtain payment to your health care services. For example, your information may be shared with an insurer who provides reimbursement for your services at this office.

For Health Care Operations: We may use or disclose, as needed, your protected health information to support quality assessment activities. For example, your information may be used in our self-monitoring exercises for the purpose of continuing improvement. We also may use or disclose your protected health information to provide you with appointment reminders or information about other health-related programs and services. For example, our name and address may be used to mail you mental health newsletters or periodic announcements about therapy groups or workshops sponsored by this office which might be of interest to you.

As Required by Law: We may use or disclose your protected health information if law or regulation requires the use or disclosure of your information.

For Public Health and Safety:

We may disclose your protected health information to a law enforcement or human welfare authority, or other entity in order to: report suspected abuse or neglect or any individual in a “protected population” (minor children, disabled individuals, or the elderly); or to protect you or others if we believe you are at imminent risk of harm to yourself or others.

In Legal Proceedings: We may disclose protected health information during lawsuits or disputes; in any judicial or administrative proceeding, in response to a court order or administrative tribunal; and, in certain conditions, in response to a subpoena, discovery request or other lawful process.

To Assist Law Enforcement: We may disclose protected health information for law enforcement purposes, including, but not limited to, the following: responses to legal proceedings; information requests for indemnification and location; deaths suspected from criminal conduct; circumstances pertaining to victims of a crime; crimes occurring in this office; to identify an individual being sought by authorities, or to cooperate with ongoing law enforcement investigations.

To Protect National Security: We may disclosed protected health information for national security purposes, including, but not limited to the following: requests for information from military command authorities if you are a member of the armed forces or a member of a foreign military authority; national security and intelligence activities; protection of the President or other authorized person for foreign heads of state.

You Authorization is required for Other Disclosures: Except as described previously, we will not use or disclose information from your record unless you provide us with written authorization to do so. You may revoke your consent to disclose information by providing us with written revocation.