

DR. LAUREN GERBER
NOTICE OF PRIVACY PRACTICES

This Notice describes how information about you may be used and disclosed and how you can gain access to this information.

Please review it carefully.

INTRODUCTION:

I am committed to treating and using protected health information about you responsibly. The Notice of Privacy Practices describes the personal information I collect, and how and when I use or disclose that information. It also describes your rights as they relate to your protected health information. Protected Health Information (“PHI”) may not be used or disclosed in violation of the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule (45 C.F.R. parts 160 and 164) (hereinafter, the “Privacy Rule”) or in violation of state law.

UNDERSTANDING YOUR HEALTH RECORD / INFORMATION:

Each time you visit, a record of your visit is made. Typically, this record contains your symptoms, case study evaluations, test results, diagnoses, treatment and plan for future care or treatment.

This information, often referred to as your mental health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you can verify that services billed were actually provided,
- A source of information for public health officials charged with improving the health of this state and the nation, and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of Dr. Lauren Gerber, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

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MY RESPONSIBILITIES:

When using, disclosing or requesting PHI, I make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to change my practices and to make the new provisions effective for all protected health information that I maintain. Should this practice change, I will provide a revised notice to you upon request.

USE & DISCLOSURE OF PHI: PSYCHOTHERAPY NOTES AUTHORIZATION

I use and disclose PHI as permitted by the Privacy Rule and in accordance with state or other law. In using or disclosing PHI, I meet the Privacy Rule's "minimum necessary requirement," as appropriate. The minimum necessary requirement does not apply to disclosures for treatment purposes or when I share information with a patient. The requirement does not apply for uses and disclosures when patient authorization is given. It does not apply for uses and disclosures as required by law or to uses and disclosures that are required for compliance with the Privacy Rule. Permitted uses and disclosures of PHI include those related to or made pursuant to:

- Reporting on victims of domestic violence or abuse, as required by law
- Court orders
- Workers' compensation laws
- Serious threats to health or safety
- Government oversight
- Health research

The captioned listing is for explanatory purposes and does not purport to be an exhaustive listing of all legal uses of PHI.

Although I operate my practice as a sole practitioner, I rely on certain persons or other entities, who or which are not my employees, to provide services on my behalf. These persons or entities may include accountants, lawyers, etc. Where these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be my business associates.

While a patient may authorize the release of any of his PHI, the Privacy Rule specifically requires patient Authorization for the Release of Psychotherapy Notes. Psychotherapy Notes authorization is different from patient consent or authorization of other PHI, because a health plan or other covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on obtaining such authorization. As defined by the Privacy Rule, "Psychotherapy Notes" means "notes recorded (in any medium) by a mental health professional, documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual's medical record." The term "excludes medication prescription and monitoring, counseling session start and stop times, the

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USE & DISCLOSURE OF PHI *continued*

modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.”

PSYCHOTHERAPY NOTES AUTHORIZATION

I abide by the Psychotherapy Notes Authorization requirement of the Privacy Rule, unless otherwise required by law. In addition, authorization is not required in the following circumstances:

- For my use for treatment
- For use or disclosure in supervised training programs where trainees learn to practice counseling
- To defend myself in a legal action brought by the patient, who is the subject of the PHI
- For purposes of HHS in determining my compliance with the Privacy Rule
- By a health oversight agency for a lawful purpose related to oversight of my practice
- To a coroner or medical examiner
- In instances of permissible disclosure related to a serious or imminent threat to the health or safety of a person or the public.

I recognize that a patient may revoke an authorization at any time in writing, except to the extent that I have, or another entity has, taken action in reliance on the authorization.

The Privacy Rule permits patients *to request* restrictions on the use and disclosure of PHI for treatment, payment, and health care operations, or to family members. While I am not required to agree to such restrictions, I will attempt to accommodate a reasonable request. Once I have agreed to a restriction, I may not violate the restriction; however, restricted PHI may be provided to another health care provider in an emergency treatment situation. A restriction is not effective to prevent uses and disclosures when a patient requests access to his or her records or requests an accounting of disclosures. A restriction is not effective for any uses and disclosures authorized by the patient, or for any required or permitted uses recognized by law.