

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you is protected, and also how it may be used and disclosed and how you can get access to this information. Please review this notice carefully.

I am required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice for as long as it remains in effect. I reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Sam Macy, PsyD, PLLC. I am also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (HIPAA). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by emailing a request to drsam@macypsyd.com.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

FOR TREATMENT: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation and/or coordination with other treatment team members. I may disclose PHI to any other consultant only with your authorization. I may also use or disclose your PHI to remind you that you have an appointment scheduled. Reminders may include written notifications distributed via verbal telephone communications and/or messages, electronic mail messages, our online electronic health record portal or text message (with your consent).

FOR PAYMENT: I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

FOR HEALTHCARE OPERATIONS: I may use or disclose, as needed, your PHI, in order to support business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.

AS REQUIRED BY LAW: Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

WITHOUT AUTHORIZATION: Applicable law and ethical standards permit me to disclose information about you without your authorization in a number of other situations. Following is a list of the categories of uses and disclosures that may be made without your authorization.

- Required by Law, such as the mandatory reporting of abuse or neglect of a child or an elder or a “clear and present danger” reportable to the Firearm Owner Identification Database, or mandatory government agency audits or investigations (such as the licensing board or the health department).
- Required by Court Order or other judicial and administrative proceedings.
- When necessary to prevent or lessen a serious & imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- When necessary to the provision of emergency medical care.
- When necessary to initiate or continue civil commitment or involuntary treatment proceedings.
- Family Involvement in Care. I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

WITH AUTHORIZATION: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request to drsam@macypsyd.com.

RIGHT OF ACCESS TO INSPECT & COPY: You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. If your records are

maintained electronically, you may also request an electronic copy of your PHI. You may also request, in writing, that a copy of your PHI be provided to another person.

RIGHT TO AMEND: If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement for your record. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact me if you have any questions.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION: You have the right to request that I communicate with you about health or therapeutic matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.

BREACH NOTIFICATION: If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

RIGHT TO A COPY OF THIS NOTICE: You have the right to request a copy of this notice.

QUESTIONS & COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in with my office at drsam@macypsyd.com and with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

The effective date of this Notice is January 1st, 2023.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES



By signing below, I acknowledge that I have received the Notice of Privacy Practices from Sam Macy, PsyD, PLLC. I have read and understand the policy and procedures, regarding the privacy of health information.

CLIENT'S SIGNATURE _____ DATE _____