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## *HIPAA Notice of Privacy Practices* *Effective Date: July 1, 2013*

**The Health Insurance Portability and Accessibility Act of 1996 ("HIPAA") requires us to maintain the privacy of protected health information, and to inform you of our privacy practices and legal duties.**

**THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **MY OBLIGATIONS**

I am required by law to (1) maintain the privacy of protected health information, (2) give you this notice of our legal duties and privacy practices regarding health information about you, and (3) follow the terms of my notice that is currently in effect.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION**

The following describes the ways I may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, I will use and disclose Health Information only with your written permission. You may revoke such permission at any time in writing.

- **For Payment.** I may use and disclose Health Information so that I may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, I may send your health plan information about you, including a diagnosis, so that they will pay for your treatment. Insurers such as Blue Cross/Blue Shield or managed care organizations on rare occasions may ask for additional information about you and your symptoms. I have no control over how these records are handled at the insurance company. My policy is to provide the minimum amount of information that the insurance company needs to pay your benefits.
- **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, I may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. Unless it is an emergency, I will first ask you to fill out a release of information form and we will discuss what information will be shared with your family member or close friend.

### **SPECIAL SITUATIONS**

- **As Required by Law.** I will disclose Health Information when required to do so by international, federal, state or local law.
- **Abuse and Neglect Reporting.** I may disclose Health Information to report child abuse or neglect, and elder abuse or neglect.
- **To Avert a Suicide or Violence/Homicide.** I may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Health Oversight Activities.** I may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government

programs, and compliance with civil rights laws. That said, to date, I have never had to make any disclosures of this type.

- **Data Breach Notification Purposes.** I may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, I may be required to disclose Health Information in response to a court or administrative order. I also may be required to disclose Health Information in response to a subpoena, discovery request, or other lawful process 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.** I may be required to release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, I am unable to obtain the person's agreement; (4) about a death I believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **National Security and Intelligence Activities.** If mandated to do so, I will release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law or to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

## **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

In all instances, unless mandated by law or noted above, I will obtain your written permission before releasing your Protected Health Information, so opting out and objecting to uses and disclosures would not be needed.

## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation and I will no longer disclose Protected Health Information under the authorization. But disclosure that I made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **YOUR RIGHTS**

You have the following rights regarding Health Information I have about you:

- **Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing. I have up to 30 days to make your Protected Health Information available to you and I may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. I may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. I may deny your request in certain limited circumstances. If I do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and I will comply with the outcome of the review.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. I will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. I may

charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Amend.** If you feel that Health Information I have is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept by or for my office. To request an amendment, you must make your request, in writing.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures I made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information I use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information I disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that I not share information about a particular diagnosis or treatment with your spouse. To request a restriction, please specify this restriction in writing on your release of information form.
- **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that I not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and I will honor that request.
- **Right to Request Confidential Communications.** Unless you tell me otherwise, I will usually contact you through your cell phone and/or your email address. Occasionally, I may use your home or work phone numbers, if you gave them to me. You have the right to request that I communicate with you about mental health matters in a certain way or at a certain location. For example, you can ask that I only contact you by mail or at work. To request confidential communications, you must make your request, in writing. Your request must specify how or where you wish to be contacted. I will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may download a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at [www.drwiller.com](http://www.drwiller.com). To obtain a paper copy of this notice, just ask.

## FOR YOUR INFORMATION

- **One Set of Progress Notes.** Some psychotherapists maintain two sets of progress notes about your treatment. I do not do that, unless there is a compelling reason to do so. If I will keep two sets of notes, I will let you know. If there are two sets of notes, the set that contains more details about your personal situation (called “psychotherapy notes”) would require separate authorizations from you to disclose.
- **No Marketing, Sale or Fundraising.** I will never use your information for marketing purposes, nor will I sell your information, nor use it for fundraising. Any health organization that does any of these things would need your authorization.

## CHANGES TO THIS NOTICE

I reserve the right to change this notice and make the new notice apply to Health Information I already have as well as any information I receive in the future. I will post a copy of my current notice on my website. The notice will contain the effective date on the first page, in the top right-hand corner.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact me at 281-480-0200.