

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY TREAT NYC PSYCHOLOGY THERAPY SERVICES, PLLC, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Purpose of this Notice.

Pursuant to the Health Insurance Portability and Accountability Act of 1996, this notice explains how Treat NYC Psychology Therapy Services, PLLC may use and disclose YOUR PROTECTED HEALTH INFORMATION. This NOTICE describes the types of information that are collected and YOUR rights with regards to that information.

2. Definitions.

As used in this NOTICE, the following capitalized terms shall have the meanings ascribed to them unless the context clearly indicates otherwise:

- INCLUDES and/or INCLUDING means inclusive of and not limited to and by way of example and not limitation.
- NOTICE means this Notice of Privacy Practices.
- PROTECTED HEALTH INFORMATION means your individually identifiable health information maintained in any form or medium by Treat NYC Psychology Therapy Services, PLLC. PROTECTED HEALTH INFORMATION includes the following: health history; medical records; name, address, and date of birth; marital status; sex; social security number; information regarding dependents, and; other similar information that relates to past, present, or future medical care. PROTECTED HEALTH INFORMATION does not include individually identifiable health information maintained in education records, as defined by the Family Educational Rights and Privacy Act.
- PROVIDER refers to all employees, agents, and subcontractors of Treat NYC Psychology Therapy Services, PLLC who provide medical care or health services for which Treat NYC Psychology Therapy Services, PLLC seeks reimbursement through electronic means.
- YOU and YOUR refers to the individual whose PROTECTED HEALTH INFORMATION is covered by this NOTICE. In the case of an unemancipated minor, YOU and YOUR refer to the unemancipated minor, or the parents or other legal guardians entitled to exercise rights under this NOTICE, as the context requires.

3. Permitted Uses and Disclosures of Protected Health Information.

A. Uses and Disclosures for Treatment:

- The PROVIDER may use or disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for all treatment purposes as allowed by law, INCLUDING to doctors, nurses, laboratory technicians, medical students, psychologists, physical therapists, speech therapists, and other health care and personnel involved in YOUR treatment.

B. Uses and Disclosures for Payment:

- The PROVIDER may use and disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for its own payment activities as allowed by law, INCLUDING to obtain reimbursement for eligible medical and health services under the Medical Assistance Program.
- C. Uses and Disclosures for Operations:
- The PROVIDER may use and disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for all of its own health care operations as allowed by law, INCLUDING the provision of related services as required by the Individuals with Disabilities Education Act.

4. Other Uses and Disclosures for Which Your Authorization is Not Required.

In the situations described below, PROVIDER may disclose YOUR PROTECTED HEALTH INFORMATION without obtaining YOUR authorization:

- When requested by a public health authority for the purpose of preventing or controlling disease, injury, or disability;
- When requested by a public health authority in connection with reporting of child abuse or neglect;
- To a government authority if the PROVIDER: (1) reasonably believes that YOU may be the victim of abuse, neglect, or domestic violence; (2) is required by law to make the disclosure; (3) YOU are unable to consent to the disclosure, and (4) the PROVIDER reasonably believes, in the exercise of professional judgement, that informing YOU of the disclosure would place YOU at risk of serious harm;
- To a health oversight agency for oversight activities authorized by law, including: audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system;
- In response to an order of court or administrative tribunal, but only to the extent required by the order;
- In response to a subpoena, discovery request, or other lawful process, if the requesting party demonstrates that it made a good faith attempt to notify you of the request;
- To a law enforcement official, upon request, for identification of a victim of a crime, where you are unable to consent, where such information is not intended to be used against you, where immediate law enforcement activity depends upon the disclosure, and where the PROVIDER determines that it is in YOUR best interests to make the disclosure;
- To a law enforcement official, where the PROVIDER believes in good faith that the protected health information constitutes evidence of criminal conduct that occurred on the premises of the [sic]
- To a law enforcement official to avert a serious threat to health and safety;
- To a coroner, medical examiner, or funeral director as required by, or consistent with, applicable law;
- To military, national security, and intelligence officials, as required by law.

5. Statement of Privacy Policy and Practices.

It is the policy and practice of the PROVIDER to maintain YOUR PROTECTED HEALTH INFORMATION as confidential and to not use or disclose YOUR PROTECTED HEALTH INFORMATION unless YOU authorize such use or disclosure, or such use or disclosure is permitted or required by law as described in the Permitted Uses and Disclosures of Protected Health Information. Any use or disclosure of YOUR PROTECTED HEALTH INFORMATION by the PROVIDER other than as listed in the Permitted Uses and Disclosures of Protected Health Information or Other Uses and Disclosures for Which Your Authorization is Not Required sections of this NOTICE will only be made with YOUR prior written authorization. In situations where YOU authorize the right to disclose YOUR PROTECTED HEALTH INFORMATION, YOU may revoke the authorization. Such revocation must be in writing to the Contact Person designated in this NOTICE. If YOU provide proper written notice of revocation of authorization, the PROVIDER is bound by that revocation except to the extent that it has acted in reliance on the authorization.

The PROVIDER has adopted appropriate administrative, technical, and physical safeguards to prevent unauthorized uses and disclosures of YOUR PROTECTED HEALTH INFORMATION.

6. Your Rights Under the Health Insurance Portability and Accountability Act of 1996.

A. Restrictions.

- YOU have the right to request restrictions on how the PROVIDER uses or discloses YOUR PROTECTED HEALTH INFORMATION. Such requests must be in writing to the Contact Person designated in this NOTICE. The PROVIDER is not bound by YOUR request, and may refuse to accept the requested restriction. If the PROVIDER agrees to YOUR request for a restriction, the PROVIDER will notify YOU in writing of its acceptance of the restriction.

B. Communication.

- YOU may request to receive communications of YOUR PROTECTED HEALTH INFORMATION by reasonable alternative means or at reasonable alternative locations, if disclosure of all or part of that information could endanger YOU. Such request must be made in writing to the Contact Person designated in this NOTICE, must specify how the alternative communication is to be made, and must explain that the reasonable alternative means or reasonable alternative locations are requested because disclosure of all or part of the information could endanger YOU.

C. Right to Inspect.

- YOU have the right to inspect and/or copy YOUR PROTECTED HEALTH INFORMATION that is maintained in a designated record set by the PROVIDER. A request to inspect or copy must be made in writing to the Contact Person designated in this NOTICE. The PROVIDER will act on YOUR request within 30 days of receipt. If the PROVIDER grants YOUR request, YOU may be charged a reasonable fee for copying and postage. If the PROVIDER denies YOUR request, the PROVIDER will inform YOU in writing and will explain how YOU may contest the denial.

D. Right to Amend.

- YOU have the right to request an amendment of YOUR PROTECTED HEALTH INFORMATION maintained by the PROVIDER. A request for an amendment of YOUR PROTECTED HEALTH INFORMATION must be made in writing to the Contact Person designated in this NOTICE and must explain in sufficient detail the reason for the amendment.. The PROVIDER will act on the request for amendment within 60 days of receipt. If the PROVIDER denies YOUR request for amendment, the PROVIDER will inform YOU in writing of the denial and will explain how YOU may contest the denial.

E. Right to An Accounting.

- YOU have the right to request an accounting of all disclosures by the of [sic] YOUR PROTECTED HEALTH INFORMATION in the six years prior to the date on which the accounting is requested, or since April 14, 2003, whichever period is shorter. A request for an accounting must be made in writing to the Contact Person designated in this NOTICE. The PROVIDER will provide an accounting of all disclosures of YOUR PROTECTED HEALTH INFORMATION, except those that it is not required by law to disclose.

F. Right to Receipt of this Notice.

- YOU have the right to receive a written copy of this NOTICE by requesting a copy from the Contact Person designated in this NOTICE.

7. Duties.

- The PROVIDER is required by law to maintain the privacy of PROTECTED HEALTH INFORMATION and to provide individuals with notice of its legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.
- The PROVIDER will abide by the terms of the NOTICE in effect at the time action is taken.

8. Right to Change Notice.

The PROVIDER reserves the right to change the terms of its NOTICE and to make the new NOTICE provisions effective for all PROTECTED HEALTH INFORMATION that it maintains. If the PROVIDER revises its NOTICE in any substantive manner, the PROVIDER will notify YOU by regular mail of the revision. YOU may obtain a copy of the revised NOTICE by requesting it from the Contact Person designated in this NOTICE.

9. Complaint Procedure.

- YOU may complain to the PROVIDER and to the Secretary of the United States Department of Health and Human Services if YOU believe that the PROVIDER has violated YOUR privacy rights. If YOU wish to initiate a complaint with the PROVIDER, YOU may do so by writing the Contact Person designated in this NOTICE, stating the grounds for YOUR complaint and the individual(s) or entity(ies) that YOU believe violated YOUR privacy rights. The PROVIDER will investigate YOUR complaint and will take appropriate action.

- The PROVIDER will not retaliate against YOU for filing a complaint, either with the PROVIDER or with the Secretary of the United States Department of Health and Human Services.

10. Contact Person.

The contact person for the PROVIDER and designated by this NOTICE is OFFICE ADMINISTRATOR at admin@treatnyc.com.

11. Effective Date.

The effective date of this NOTICE is September 8th, 2017.

_____ Date

_____ Signature of Patient or Personal Representative

_____ Representative's Relationship to Patient