

# Carl L. Potter III, LCSW

## Notice of Privacy Practices (NPP)

*As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).*

*This notice describes how health information about you (as a patient) may be used and disclosed and how you can get access to your individual identifiable health information.*

***Please review carefully.***

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### **A. My commitment to your privacy**

My practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of our legal duties and the privacy practices that I maintain concerning your IIHI. According to federal and state law, I must follow the terms of the notice of privacy practices that I have in effect at this time.

I realize these laws are complicated, but I must provide you with the following important information.

- How I may use and disclose your IIHI
- Your rights regarding your IIHI
- My obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records concerning your IIHI that are created or retained by my practice. I reserve the right to revise or amend this NPP. Any revision or amendment to this notice will be effective for all your records that my practice has maintained in the past or any that I may create or maintain in the future. I will post a copy of the current NPP in a visible location at all times and you may always request a copy at any time.

### **B. I may use and disclose your IIHI in the following ways:**

- **Treatment:** I may use your IIHI to treat you. I may perform drug urine analysis tests. I also may share case information with your medical doctor or other health care providers for purposes related to your treatment.
- **Payment:** My practice may disclose your IIHI for the purpose of billing and collecting payments for services I provide. For instance, I may provide your insurer with details of your treatment for purposes of authorization of payment.

- **Health care Operations:** I may disclose your IHI to operate my business. Examples of this include: quality of care information, cost management info, and business planning activities.
- **Appointment reminders:** I may use your IHI to contact you to remind you of your appointment time.
- **Treatment Options:** I may use and disclose your IHI to inform you of treatment options and alternatives.
- **Health-Related Benefits and Services:** I may use and disclose your IHI to inform you of health-related benefits and services that may be of interest to you.
- **Release of information for family and friends:** I may release your IHI to family and friends who are assisting you in your care. For example, a parent may ask a babysitter to transport a child to their appointment; thus, the babysitter may have access to the child's medical information.
- **Disclosure required by Law:** I may use and disclose your IHI when required by federal, state, or local law.

### C. Special Circumstances

#### Public Health Risks

- Maintaining vital records
- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Notifying a person regarding exposure to a communicable disease
- Notifying your employer under limited circumstances related primarily to workplace safety issues.

#### Health Oversight Activities

I may use and disclose your IHI to a health oversight agency for purposes authorized by law. Oversight activities may include: duties, investigations, inspections, surveys, license and disciplinary activities, civil, administrative, and legal activities, compliance with civil rights laws, and government programs.

#### Lawsuits and Similar Proceedings

I may use and disclose your IHI in response to a court or administrative order, if you are involved in a lawsuit. I also may disclose your IHI in response to discovery or request, subpoena, or other lawful proceeding by another party in the dispute, but only if I have made effort to inform you of the request or to obtain an order to protect the information the party has requested.

### **Law Enforcement**

I may use and disclose your IIHI when asked to do so by a law enforcement official.

- Regarding a crime victim
- Concerning a death which is believed to have resulted from criminal action
- Regarding my personal criminal conduct.
- In response to a warrant, summons, court order, subpoena, etc.
- To identify a suspect, material witness, fugitive, or missing person
- In an emergency
- To report a crime

### **Serious threats to Health or Safety**

I may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your or someone else's health and safety. This disclosure would only go to those persons who could help prevent the threat.

### **US Military**

I may use and disclose your IIHI if you are a member of the armed services if required by the appropriate authorities.

### **National Security**

I may use and disclose your IIHI to federal officials for intelligence or national security when requested by law, in order to protect the President, or other government officials, or to protect members of congress.

### **Worker's compensation**

I may use and disclose your IIHI for reasons concerning worker's compensation and similar programs.

### **D. Your rights regarding your IIHI**

- **Confidential Communications:** you have the right to request that I communicate with you about your health and related issues in a particular manner or at a certain location. For instance you may request me to only contact you at home rather than work. In order to make a confidential communication you must make a written request regarding the nature of the communication. I will honor any reasonable request. You do not have to give a reason for your request.
- **Requesting Restrictions:** You have the right to restrict my disclosure of your IIHI for treatment, prevention, or healthcare operations. Additionally, you have the right to request that I restrict my disclosure of your IIHI to only certain individuals involved in your healthcare or payment of your care. I am not required to agree with your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Again this restriction must be submitted in writing and include: the information you wish to be restricted, whether you are limiting use, disclosure, or both, and to whom the restriction applies.

- **Inspection and Copies:** you have the right to inspect or obtain a copy of your IIHI that may be used to make decisions about you including medical records, billing records, but not including psychotherapy notes. Again this request must be submitted in writing. I may deny your request in some circumstances, however, you may you may request a review of my denial. Another licensed health care official chosen by me will conduct the review.
- **Amendment:** you may amend your IIHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the IIHI is kept by my practice. I may deny the request if it not submitted in writing. I may also deny your request if I feel that (a) the IIHI is complete and accurate; (b) the IIHI is not part of what my practice deems necessary to provide you treatment; (c) not pat of the IIHI which you would be permitted to inspect or copy; or (d) not created by my practice.
- **Accounting of Disclosures:** all of my patients have the right to request an “accounting of disclosure.” This is a list of certain non-routine disclosures my practice has made of your IIHI for non-treatment, non-payment, or non-operations purposes. Use of your IIHI as part of routine patient care is not required to be documented. Example: my billing professional use if your IIHI to file a claim. This request must be submitted in writing and must state a time period that may not be more than 6 years from the date of disclosure and may not include dates before April 14, 2003.
- **Right to a Paper Copy of this Notice:** You may ask for a copy at any time and I am required to provide it.
- **Right to File a Complaint:** if you feel your privacy has been violated, you have the right to contact the Secretary of the department of Health and Human Services. Complaints must be submitted in writing and you will not be penalized for filing a complaint.
- **Right to Provide an Authorization for Other Uses and Disclosures:** My practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to me regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, I will no longer use or disclose your IIHI for5 the reasons described in the authorization. Please note I am required to retain records of your care.