

Notice of Privacy Rights and Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Privacy Information

Why We Are Providing You with This Notice

We are required by federal law to give you this Notice, including the Health Insurance Portability and Accountability Act (HIPAA) and, where applicable, 42 C.F.R. Part 2, governing Confidentiality of Alcohol and Drug Abuse Patient Records. This Notice will tell you about the ways in which we may use and disclose health information about you and will describe your rights and our obligations regarding the use and disclosure of that information.

Your Health Information

This Notice applies to any identifying information and includes records we have about your health, health status, and the health care services you receive from Gillan Smith, PhD. This information and these records relate primarily to counseling services you have received from us.

How We May Use and Disclose Health Information about You

1. For Treatment

We may use or disclose health information about you to facilitate counseling and other health treatment.

2. For Payment

We may use and disclose health information about you so that we can be paid by you or another party, if they are paying any portion of the fee for the series we provide to you.

3. For Our Operations

We may use and disclose health information about you in order to run our office and make sure that you and our other clients receive quality care. For example, we may use your health information to contact you to remind you of your appointments. Please notify us in writing if you do not want us to contact you to remind you of your appointments.

4. Special Situations

We will use or disclose your health information or other information you provide to us without your permission for several reasons. These reasons may include:

- When we believe that disclosure is necessary to prevent injury, a serious threat to your health and safety or the health and safety of another person.
- When required by federal, state or local law.
- When required by law to report suspected abuse or neglect.
- In response to a court order, subpoena, warrant, summons, or similar process.

Confidentiality of Alcohol and Drug Abuse Records 42 C.F.R. Part 2

If you receive services from Gillan Smith, PhD, for drug and/alcohol abuse, including diagnosis, treatment or referral for treatment, this paragraph applies to you, and supersedes items 1 through 3 of the prior paragraph. Substance abuse records are entitled to heightened confidentiality protections under federal law. This means that we may communicate your health records and/or identifying information only within Gillan Smith, PhD., that is, between or among internal personnel that "need to know" to perform their duties in connection with your counseling here for alcohol or drug abuse. We may not disclose any information identifying you as receiving treatment for drug or alcohol abuse outside Gillan Smith, PhD,

(including any disclosures for purposes of treatment or payment) without your written consent, unless one or more of the following exceptions apply:

(1) The disclosure is allowed by a court order; (2) The disclosure is to medical personnel in a medical emergency; (3) The disclosure concerns a crime that you committed or threatened to commit, either at Gillan Smith, PhD, or against any Gillan Smith, PhD, employee; (4) The disclosure concerns suspected child abuse or neglect reported to appropriate authorities; or (5) The disclosure is made to qualified personnel for purposes of research, audit or program evaluation.

Other Uses and Disclosures of Health Information

Except where otherwise required or authorized by law, we will not use or disclose your health information for any purpose without your written authorization. Specifically, we will not use or disclose your health information from psychotherapy notes or disclose your health information in a manner that constitutes a sale without your written authorization. Although we do not participate in fundraising, HIPAA provides you with the option to opt out of any fundraising communications. If you authorize us to use or disclose health information about you, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, but we cannot take back any uses or disclosures we have already made with your permission. We have a duty to inform you if your health information is used or disclosed in a way contrary to law.

Email Communications and Text Message

If you and your counselor communicate by email or text message, there is a risk that those emails or texts messages could be intercepted or read by a third party and cannot ensure the security of your personal email provider. By providing your email address, and marking on the application that you can be sent text messages, you acknowledge that you accept any associated risk. If you prefer not to receive email communication, please notify your counselor.

Your Rights Regarding Your Health Information

- You have the following rights with regard to your health information:
- You may inspect and copy your health information, with certain exceptions.
- If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information.
- You may obtain an accounting of our disclosures of your health information. This is a list of all of our disclosures of your health information for purposes other than treatment, payment, and health care operations.
- You have the right to request that we restrict or limit our use or disclosure of your health information to only treatment, payment, or health care operations. With the exception of alcohol and drug abuse records, we are not required to comply with your request.
- You may request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- You have the right to receive a paper copy of this notice.

Changes to This Notice

With the exception of the notice regarding alcohol and drug abuse records, we have the right to change this notice. If we do so, the new notice will apply to the health information we may already have about you and to the health information that we receive in the future. We are required to abide by the most current notice that is in effect. You are entitled to receive a copy of the most current notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office, with the Secretary of the U.S. Department of Health and Human Services, or with the United States Attorney for the judicial district in which the violation occurred. To file a complaint with Gillan Smith, PhD., please contact Gillan Smith. (You will not be penalized for filing a complaint.) This Notice is effective as of January 1, 2019.