

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

About Protected Health Information – PHI

In this notice, “We,” “Our” or “Us” means Mary Rottier, LPC, RPT and my employees. “You” and “Your” refers to each patient who is entitled to a copy of this Notice. Protected Health Information hereinafter will be referred to as “PHI”. We are required by federal and state law to protect the privacy of your health information. Federal health information privacy regulations require us to protect health information about you in the manner that we describe here. Certain types of health information may specifically identify you. Such information may include test results, diagnoses, and treatment. It also includes billing documents for those services. Because we must protect this health information, we call this *Protected Health Information* (“PHI”). In this Notice, we tell you about:

- How we use your PHI
- When we may disclose your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or with a complaint

Some of the Ways We Use or Disclose Your Protected Health Information

We will use your PHI to treat you. We will use your PHI and disclose it to get paid for your care. We are also allowed to use or disclose you PHI for certain activities that we call “Health Care Operations.” Health care operations involve a lot of the administration, education and quality assurance activities in our office. We will give you examples of each of these to help explain them.

Treatment – We may use and disclose your PHI in the course of your treatment. For example, if you are treated at our office, it may be necessary to share your PHI with a referring physician, or similarly, to share your PHI when referring you to another health care provider to ensure that you obtain proper care.

Payment – After we treat you, we will ask your insurer to pay our office for your treatment. We may type some of your PHI into our computers and send a claim to your insurer. Here we use your PHI to tell your insurer what type of health problem you had and what type of treatment you received. Your insurer may ask us to give them your membership number in your employer’s health plan, or your insurer may want to review your medical record to be sure that your care was necessary.

Health Care Operations – We obtain services from business associates such as computer specialist, legal services, medical insurance companies, and collection agencies. We will share information about you with such associates and insurers as necessary to obtain their services. For example, PHI could be accessed to maintain our computer systems, or to improve quality of care.

Special Uses – We also use or disclose PHI for purposes that involve your relationship to us as a patient. We may use or disclose your PHI to remind you that you have an appointment.

Your Authorization May be Required – For treatment, payment and health care operations, we may use or disclose part of your PHI as already discussed. In all other cases, we must ask for, and you must agree to give, a written authorization that has specific instructions and limits on our use or disclosure of your PHI. If you later change your mind, you may revoke your authorization. *Therapy notes fall under this category and can only be released with your explicit verbal or written authorization, except in the case of an emergency, Court Order, or submission of worker’s compensation claims, which require the therapy note for payment. Please note that your therapy notes are kept separate from the rest of your medical record to further protect them.*

Certain Uses and Disclosures of Your PHI that are Required or Permitted by Law

Many laws and regulations apply to us that affect your PHI. These laws and regulations may either require us or permit us to disclose your PHI. From the federal health information privacy regulations, here is a list describing required or permitted uses and disclosures.

- If you do not object, we may share some of your PHI with family members or friends who are involved in your care.
- We may use your PHI in an *emergency* when you are not able to express yourself.
- If we receive certain assurances that protect your privacy, we may use or disclose your PHI for research.

We may also use or disclose your PHI:

- *When required by law.* For example, when ordered by the Court to turn over certain types of your PHI, *including therapy notes*, we must comply as discussed above.
- *For Public health activities* such as reporting a communicable disease or reporting an adverse drug reaction to the Food and Drug Administration.
- *To report neglect, abuse or domestic violence.*
- *To government regulators* or its agents to determine whether we comply with applicable rules and regulation.
- If we reasonably believe that to do so will *avert a health hazard or to respond to a threat to public safety* such as an imminent crime against another person.
- If you are Armed Forces personnel and it is *deemed necessary by appropriate military command authorities.*

Certain Stricter Requirements We Follow

Several state laws may apply to your PHI that set a stricter standard than the protections required by the federal health privacy regulation. Stricter state laws in Georgia will, for example, limit us from using or disclosing:

- PHI regarding individuals who are the subject of HIV related information. We may not use or disclose such HIV information except to you, your physician, your insurer and a small number of additional persons, without your expressed written consent.

- Your medical information outside of our office except as provided by your written permission that is maintained by us in your original record.
- Records that contain alcohol and drug abuse information without your consent or a Court Order.
- As noted above, your therapy notes without your authorization or a Court Order.

Your Privacy Rights and How to Exercise Them

You have the specific rights under our federally required privacy program. Each of them are summarized here:

Your Right to Request Limited Use or Disclosure

You have the right to request that we do not use or disclose your PHI in a particular way – we are not required to grant the request, but we will comply with any request granted.

Your Right to Confidential Communication

You have the right to receive confidential communications from us at an alternate location that you provide. We require that you make your request writing.

Your Right to Revoke Your Authorization

If you have granted us your authorization to use or disclose your PHI, you may revoke the authorization in writing, realizing that we may have used or disclosed your PHI before the authorization was revoked.

Your Right to Inspect and Copy

You have the right to receive a copy of your PHI. We may refuse to give you access to your PHI if we think it may cause you harm, but we have to explain why and give you someone to contact about our decision who will know how you can get a review of our refusal.

Your Right to Amend Your PHI

If you disagree with what your PHI in our records say about you, you have the right to request in writing that we amend your PHI that was generated by our office. We may refuse to make your requested amendment. Then, you will have the right to submit a written statement about why you disagree. If we still disagree,

we may prepare a counter-statement. Your statement and our counter-statement must be made a part of our permanent record.

Your Right to Know Who Receives Your PHI

You have the right to request an accounting of certain disclosures that we have made of your PHI over six (6) years, but not prior to April 14, 2003. An accounting will not include internal uses of PHI for treatment, payment, or operations, as discussed above, or disclosures made to you or made at your request to family or friends in the course of providing care.

Your Right to Complain

If you believe that your privacy rights have been violated, you have the right to make a complaint to us, or to the Secretary of Health and Human Services located at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201. We will not retaliate against you if you file a complaint about us. To file complaint with us, please submit it in writing to this office. Your complaint should provide a reasonable amount of specific detail to enable us to investigate the problem.

Some of Our Privacy Obligations and How We Perform Them

We are required to comply with the federal health information privacy regulations. Those rules require us to protect your PHI. Those rules also require us to give you a Notice of our Privacy Practices. This document is our Notice, you may have one. We will abide by the privacy practices set forth in this Notice. However, we reserve the right to change this Notice and our privacy practices when permitted or as required by law. If we change our Notice of Privacy Practices, we will provide our revised Notice to you at your next scheduled visit to our office.

Contact Information

If you have any questions about this Notice, or if you have a complaint, please contact our office. We will be glad to help you.

Effective Date

This Notice takes effect of April 14, 2003.

**Dr. Mary Rottier, Ed.D., LPC, RPT/S
Licensed Counselor & Play Therapist**

Notice of Privacy Practices



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