

NOTICE OF PRIVACY PRACTICES

This notice describes how medical and mental health information about you/your child may be used and disclosed and how you can receive access to this information. Please review this notice carefully.

You/your child's health record contain personal information about you/him/her and your/his/her health.

Personal health information (PHI) is information about you/your child that may identify you/him/her and that relates to your/his/her past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how Christine C. Becker MSW may use and disclose your/your child's PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your/your child's rights regarding how you may gain access to and control his/her PHI.

Christine is required by law to maintain the privacy of PHI and to provide you with notice of her legal duties and privacy practices with respect to PHI. She is required to abide by the terms of this Notice of Privacy Practices and reserves the right to change the terms of her Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI she maintains at that time. She will provide you with a copy of the revised Notice of Privacy Practices by posting it on this website and providing one to you upon request.

HOW CHRISTINE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU/YOUR CHILD

For Treatment

Your/your child's PHI may be used and disclosed by those who are involved in your/your child's care for the purpose of providing, coordinating, or managing your/your child's health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Christine may disclose PHI to any other consultant only with your authorization.

For Payment

She may use and disclose PHI so that she can receive payment for the treatment services provided to you/your child. This will only be done with your authorization. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your child's insurance company, reviewing services provided to your child to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, she will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations

Christine may use or disclose, as needed, your/your child's PHI in order to support her business activities including, but not limited to, quality assessment activities, employee review activities, licensing and conducting, or arranging for other business activities. For example, she may share your/your child's PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your/your child's PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

Judicial and Administrative Proceedings

In any judicial or administrative proceeding, you have the right to refuse to authorize the disclosure of any communication between you, your child, and Christine relating to your/your child's care and treatment. There are a few instances in which this privilege would not apply, and therefore, in which she could testify in the judicial or administrative proceeding. Specifically, she may disclose such communications during judicial or administrative proceedings if:

- She determines you/your child needs hospitalization or is a threat to yourself or others.
- The communications were made in the course of a court-ordered psychiatric examination.
- You/your child are a party to a case and have introduced his/her mental or emotional state as an element of a claim or defense.
- The testimony is given in connection with care and protection proceeding or a petition to dispense with parental consent to adoption.
- It is in connection with any malpractice action brought by you against her where the disclosure is necessary for her defense.
- The communications relate to your ability to provide care or custody in a child custody or adoption case.

REQUIRED BY LAW

Under the law, Christine must make disclosures of your/your child's PHI to you upon your request. In addition, she must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization:

<ul style="list-style-type: none"> • Abuse and Neglect • Judicial and Administrative Proceedings • Deceased Persons 	<ul style="list-style-type: none"> • Emergencies • Family Involvement in Care • Health Oversight • Law Enforcement 	<ul style="list-style-type: none"> • National Security • Public Health • Public Safety (Duty to Warn) • Research
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Without Authorization

Applicable law and ethical standards permit her to disclose information about you/your child without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those:

- Required by Law, Such as the Mandatory Reporting of Child Abuse or Neglect or Mandatory Government Agency Audits or Investigations (Such as the Social Work Licensing Board or the Health Department)
- Required by Court Order
- Necessary to Prevent or Lessen a Serious and Imminent Threat to the Health or Safety of a Person or the Public (If the information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.)

Verbal Permission

Christine may use or disclose your/your child's information to family members that are directly involved in your/your child's treatment with your verbal permission.

With Authorization

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Revocation of Authorization

If you provide Christine with permission to use or disclose PHI about you/your child, you may revoke that permission, in writing, at any time. If you revoke your authorization, she will no longer use or disclose medical information about you/your child for the purposes covered by the written authorization. However, she is unable to take back any disclosures she has already made with your authorization.

YOUR/YOUR CHILD'S RIGHTS REGARDING YOUR CHILD'S PHI

You have the following rights regarding PHI Christine maintains about yourself/your child. To exercise any of these rights, please submit your request in writing to her:

Right of Access to Inspect and Copy

You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your/your child's care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would be reasonably likely to endanger the life or physical safety of you, another person, or your child. She may charge a reasonable, cost-based fee for copies and will act on your request within 30 days of receiving your request.

Right to Amend

If you feel the PHI Christine has about you/your child is incorrect or incomplete, you may ask her in writing to amend the information, although she is not required to agree to the amendment.

Right to an Accounting of Disclosures

You have the right to request an accounting of the disclosures Christine makes of your child's PHI. This is a list of certain disclosures she has have made of your/your child's PHI. To make this request, you should submit it in writing to her. She may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information Christine uses or disclosures about you/your child for treatment, payment, or health care operations. For example, you might request particularly sensitive information, such as the existence of drug

dependence, not be disclosed for any purpose. She is not required to agree to your request. To request restrictions, you must submit your request in writing to her. In your request, you must tell her (1) what information you want to limit, (2) whether you want to limit the use, disclosure, or both, and (3) to whom you want the limits to apply (for example, disclosures to your insurance carrier.)

Right to Request Confidential Communication

You have the right to request she communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that she only contact you at work or by mail.

Right to a Copy of this Notice

You have the right to a paper copy of this notice. You may ask her to give you a copy of this notice at any time.

COMPLAINTS

If you believe Christine has violated your or your child's privacy rights, you have the right to file a complaint in writing with her or the Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building — Room 1875, Boston, Massachusetts 02203. She will not retaliate against you for filing a complaint.