

FMHC NOTICE OF PRIVACY PRACTICES

The purpose of this notice is to meet HIPPA requirements in notifying you how you or your child's protected health information (PHI) may be used and disclosed. It also aims to outline your rights and duties regarding medical records and to provide details on when and how information may be shared. Not every use or disclosure can be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories below. FMHC understands that health information about you and your health care is personal and are committed to protecting PHI. FMHC creates a record of the care and services you receive to comply with legal and ethical requirements. This notice applies to all the records of your care that are generated by FMHC. All FMHC staff, clients, and partners are subject to the terms of this Notice.

What is protected health information (PHI)

Protected Health Information (PHI) is individually identifiable health information about your past, present, and future mental health treatment, physical health care, and billing information. This includes information such as your name, social security number, address, date of birth, and health insurer. PHI may be in the form of oral, written, or electronic information. PHI protections ceases 50 years after your death.

Our Responsibility to Protect your PHI

FMHC is required by federal and state law to:

- Make sure that PHI that identifies you is kept private,
- Tell you about your rights and our legal duties regarding PHI and to tell you about this policy,
- Notify you if there is any breach of PHI,
- Follow and Comply with the terms of the notice that is currently in effect, and
- If we change this notice and our privacy practices at any time the change must be consistent with state and federal law. Unless prohibited by law, a change to this Notice is effective immediately for medical information already in our possession, as well as information received in the future. If we make an important change to our privacy practices, we will promptly change this Notice. Any changes to this notice will be sent to you for signatures, made available to you via the client portal, and our website. Unless immediate changes are required by law, we will not implement an important change to our privacy practices before we revise this Notice and notify you.

Your Rights Regarding Your PHI

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask FMHC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would negatively affect your health care.
2. The Right to Request Restrictions or limitations for PHI for payment, healthcare operation, and treatment. You may request restrictions for Out-of-Pocket Expenses Paid for -In Full- by

yourself. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full. For requests to restrict disclosure of your PHI, please request the restriction prior to receiving the services or items from FMHC. Your request must be made in writing to FMHC to Jaclyn Fredriksen 607 677 4052 at Dr.Fredriksen@FMHCounseling.onmicrosoft.com. FMHC is not required to agree to your request unless the following conditions are met: You request a restriction on disclosure to a health plan or insurer for payment or health care operations purposes; and The items or services have been paid for out of pocket in full. Please Note FMHC can still disclose your PHI to a health plan or insurer for the purpose of treating you. Also, if we are required by law to disclosure certain PHI, we will do so even if you ask that we do not.

3. The Right to Choose How FMHC Sends PHI to You. You have the right to ask FMHC to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so and based on state and federal law.
 1. After we receive your written request, we will let you know when and how you can see or obtain a copy of your medical record. If you agree we will give you a summary/explanation of your PHI instead of providing copies. If we do not have the record, you requested and we know who does, we will tell you who to contact to request it.
 2. In some circumstances we may deny some or all of your request to see or receive copies of records. If we do so, we will provide you an explanation of why in writing and explain your right, if any, to have our denial reviewed.
5. You have the Right to Amend Your PHI. If you believe that your PHI is incorrect or incomplete, you may ask FMHC to correct or add to your record. Your request must be made in writing to FMHC to Jaclyn Fredriksen 607 677 4052 at Dr.Fredriksen@FMHCounseling.onmicrosoft.com. In this amendment request please provide a reason that supports your request and the correction or addition you are asking for. We will respond to your request in writing. If we approve your request, we will make corrections or additions to your PHI. If we deny your request, we will tell you why and explain your rights to file a written statement of disagreement which will be included in your record. We can deny your request if you ask FMHC to amend information: Not created by FMHC; Not part of the information kept by or for FMHC; Not part of the information which you would be permitted to inspect and copy; or Which is not inaccurate or incomplete, based on FMHC review or provider perspective. If you are requesting an amendment for a medical record FMHC did not create we will direct, you to contact that record maker.
6. You have the Right to a Disclosure Accounting. You can ask for a list (accounting) of disclosures of your PHI by contacting Jaclyn Fredriksen 607 677 4052 at

Dr.Fredriksen@FMHCounseling.onmicrosoft.com. The first accounting will be free, but we may charge a fee for additional accountings requested less than 12 months after the previous disclosure was provided. An accounting does not include disclosures: To carry out treatment, payment and health care operations; For which FMHC had a signed authorization to make a disclosure; Giving your PHI to you; For notifications for disaster relief purposes; To persons involved in your care and persons acting on your behalf; or Not covered by the right to an accounting.

7. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided FMHC with an authorization. FMHC will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
8. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request. Additionally, we may document this request, or any changes made.
9. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
10. The Right to Request Confidential Communication by Alternative Means or to Alternative Locations. You have the right to ask us to send your PHI to you at a different address (for example, your work or alternative address) or by a different means (such as a fax instead of regular mail). You must make your request in writing to Jaclyn Fredriksen 607 677 4052 at Dr.Fredriksen@FMHCounseling.onmicrosoft.com. You can ask us to contact you in a specific way (for example, a request to contact you using your home or office phone, but not via cellular phone). Contacting you via cell phone for health care related communications regarding treatment and payment requires your explicit consent. If your PHI is stored electronically, you may request a copy of the records in an electronic format offered by FMHC. You may also request in writing that FMHC transmit the electronic copy to a designated third party. If the cost of meeting your request involves more than a reasonable additional amount, we are permitted to charge you our costs that exceed such an amount.
11. You have the Right to Request a Paper Copy of this Notice. You may request a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. You may also obtain a copy of this Notice from our website. To request a paper copy of this Notice, please contact or send a written request to Jaclyn Fredriksen 607 677 4052 at Dr.Fredriksen@FMHCounseling.onmicrosoft.com.

12. You have the Right to File a Complaint. If you believe that your privacy rights have been violated, you may file a complaint to Jaclyn Fredriksen 607 677 4052 at Dr.Fredriksen@FMHCounseling.onmicrosoft.com. You may also file a complaint in writing with the U.S. Department of Health and Human Services, Office for Civil Rights: U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Ave SW, Washington, DC 20201 Phone: 1-877-696-6775 www.hhs.gov/ocr/privacy/hipaa/complaints. We respect your right to file a complaint; your care and treatment will not be affected, and you will not be penalized for doing so.

HOW FMHC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR CONSENT

Treatment Purposes

Patient care is the most important use and disclosure of PHI. FMHC staff use and disclose your PHI to evaluate and coordinate your care and treatment needs such as disclosure needed to get you or inpatient care. Also, if your care is being provided by community resources or in an emergency, FMHC may disclose your PHI to your community provider or health care provider rendering care.

Payment.

Your PHI may be needed for FMHC to bill and collect payment for treatment and health-related services that you receive. For example, we can use and disclose your PHI to seek payment from your health insurer and from others who may be responsible for payment. We may also tell your health plan provider about a treatment/procedure you will receive to obtain prior approval or to determine if your health plan or insurer will cover the treatment.

For Treatment Payment: Federal privacy rules (regulations) allows health care providers to disclose PHI without written authorization, to carry out the health care provider's payment or health care operations. FMHC may also disclose your protected health information for the treatment activities of any FMHC staff. This too can be done without your written authorization. For example having our medical biller provide your insurance with a diagnosis and CPT code.

Health Care Operations.

FMHC may use and disclose your PHI for certain health care operational functions such as FMHC quality assessment and improvement actions, training and evaluation of FMHC health care professionals, licensing and accreditation activities and to address and prevent criminal activity including fraud.

Business Associates.

FMHC may contract with third parties to perform functions or activities on behalf of our patients. These functions include payment and health care operational activities. Such contracts include provisions which require our business associates to comply with the same HIPAA privacy standards that FMHC follows to safeguard patient PHI.

Health-Related Services.

FMHC may send you information related to your health care needs, such as appointment reminders, follow-up reminders, educational materials and information about upcoming FMHC events. We may use your PHI to tell you about our health-related products or services that may be of interest to you. If you do not want FMHC to contact you about these health-related services, please notify Jaclyn Fredriksen 607 677 4052, Dr.Fredriksen@FMHCounseling.onmicrosoft.com.

Identity Verification. In the future, FMHC may photograph you for identification purposes and store the photograph in your medical record. This is for your protection and safety, but you may opt out.

Health Information Exchanges

In the future, FMHC may share information electronically that we obtain or create about you with other health care providers or entities for treatment, payment and health care operations through a Health Information Exchange (HIE). HIE participants are required to meet rules that protect the privacy and security of your health and personal information. As permitted by law, your health information will be shared with this exchange to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You can choose to not have your information shared through any of FMHC HIE networks at any time. You may opt out of sharing and searching your medical information in CRISP and CIQN by contacting: CRISP at 1-877-952-7477 or at www.crisphealth.org and CIQN by e-mailing ciqn@childrensnational.org. However, certain information may remain accessible to the exchange participants.

Specific types of PHI.

There are stricter requirements for the use and disclosure of some types of PHI which includes drug and alcohol abuse, HIV tests, and mental health information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization. For example, most uses and disclosures of psychotherapy notes require your written authorization

Psychotherapy Notes. FMHC keeps “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is: a. For FMHC’s use in treating you. b. For FMHC’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For FMHC’s use in defending ourselves or a clinician in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate FMHC’s compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.

Communications with Family Members and Others Involved in Care or the Payment of Care.

Unless you specifically tell us in advance not to do so, we may disclose medical information to a friend or family member who is involved in your care or who helps pay for care. There may be times when it is necessary to disclose PHI because there is an emergency, you are not present, or you lack the capacity to agree or object. In those instances, we will use our professional judgment to determine if disclosure is in your best interest. If so, we will limit disclosure to the PHI directly

relevant to the person's involvement in your care. For example, someone identified on your safety and wellness plan or your designated emergency contact.

Couples Sessions: When you attend therapy as a couple the medical record belongs to both of you and will be stored in the couple's chart. This means that I need the consent of both of you to disclose any records. If one person refuses, we cannot disclose records. At times, I will work with partners separately to discuss personal factors that are directly impacting the relationship, assess for safety, and to work on individual goals needed to support changes at the relationship level. At times I may refer you to an individual therapist to address these needs. Individual charts for individual sessions are kept private and confidential and do not belong to the other person. Therefore, only the client needs to consent to a release of their individual treatment. However, information discussed in that session that is relevant to couples issues will most likely be shared in the couple's session.

Family Sessions: When you attend therapy as a family the medical record belongs to all members and will be stored in the family's chart. This means that I need the consent of legal guardians to disclose any records. If one parent refuses, we cannot disclose records. At times, I will work with partners separately to discuss personal factors that are directly impacting the relationship, assess for safety, and to work on individual goals needed to support changes at the relationship level. At times I may refer you to an individual therapist to address these needs. Individual charts for individual sessions are kept private and confidential and do not belong to the other person. Please review our policy for working with minors on the release of information. Overall, only the client needs to consent to a release of their individual treatment. However, information discussed in that session that is relevant to couple issues will most likely be shared in a couple's session.

Minors: Legal guardians are allowed to have access to some of their child's medical records. For example, if the disclosure of this information may harm the therapeutic relationship this concern will be discussed with you prior to releasing it. Another common example is when your child has the right to independently seek medical advice about family planning or treatment for sexually transmissible diseases.

Disaster Relief Organizations.

We may disclose medical information to organizations assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified of your condition, status and location. We may disclose your name, city of residence, age, gender and general condition to a public or private disaster relief organization to assist with disaster relief efforts, unless you object at the time.

To Avert a Serious Threat to Health or Safety.

FMHC may use and disclose PHI when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure will be to someone able to help prevent harm to the health or safety of you, another person or the public. This includes but is not limited to state and federal law enforcement.

Public Health Activities.

FMHC may disclose medical information for public health activities. These could include the following: To prevent or control disease, injury or conditions; To report births and deaths; To report suspected child abuse, neglect or domestic violence when required or authorized; To report reactions to medications, problems with products or other adverse events; To notify you of recalls of products that you may be using; and To notify a client or personal representative who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities.

FMHC may disclose medical information to a health oversight agency for activities authorized or required by law. For example, these activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor FMHC activities, government programs and compliance with civil rights and other laws.

To Comply with the Law.

We will share information about you when required to do so by state, local or federal laws, including disclosures to the U.S. Department of Health and Human Services.

Organ Donation.

We may use or disclose PHI to organ procurement organizations to assist with organ, eye or tissue donations.

Coroners and Funeral Directors.

We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death or for other official duties. We may also disclose PHI to funeral directors.

Lawsuits and Other Legal Disputes.

We may use and disclose PHI in responding to a court or administrative order, a subpoena or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization; for example, to defend a lawsuit or arbitration. If you are involved in the legal system, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement.

We may disclose PHI to authorized officials for law enforcement purposes. For example, we can disclose PHI under the following circumstances: To respond to a court order, search warrant, subpoena or summons or similar process; To report a crime on our premises or during a session; As required by law to report certain types of injuries; To provide certain limited information to identify or locate a suspect, fugitive, material witness or missing person; About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; In a medical emergency to report a crime, the location of the crime or victims, or the identity, description or location of a person who may have

committed the crime. For law enforcement purposes, including reporting crimes occurring on our premises or as mandated by law for “Duty to Warn”.

IN EMERGENCY SITUATIONS OR AS YOUR THERAPISTS DEEMS NECESSARY, FMHC REPRESENTATIVES HAVE THE RIGHT TO COORDINATE WITH EMERGENCY CONTACTS, LAW ENFORCEMENT, STATE AND FEDERAL REPORTING AGENCIES, AND EXTERNAL MEDICAL PROVIDERS AS PART OF OUR DUE DILIGENCE.

Military Activity and National Security. As required by law we may sometimes use or disclose the PHI of armed services personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose PHI to authorized federal officials as necessary for national security and intelligence activities or for the protection of the president or other government officials and dignitaries. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

Inmates. Under the federal law that requires us to give you this Notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate in a correctional facility or under the custody of a law enforcement official, we may disclose PHI about you to the correctional facility or law enforcement official. We would only do so if the medical information is necessary for providing health care, your health and safety, or the health and safety of others, or the safety or security of the correctional institution.

Patient Appreciation Letters, Pictures or Cards.

We may share with FMHC staff and visitor’s patient appreciation letters, pictures, cards, etc. We will do our best to hide any PHI.

Incidental Disclosures.

Although FMHC is proactive in providing appropriate safeguards to ensure the privacy of your medical information, certain disclosures may occur incidentally. An example would be a third party overhearing a provider’s confidential discussion with another provider.

Workers’ compensation purposes.

Although FMHC’s preference is to obtain an authorization from you, we may provide your PHI in order to comply with workers’ compensation laws.

HOW FMHC CANNOT USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR CONSENT

Marketing Purposes:

Neither FMHC or your therapist are permitted to use or disclose your PHI for marketing purposes without your written permission. At this time we do not use PHI for any marketing purposes, but this is subject to change, and if no PHI is involved, we will not explicitly notify you of this change.

Sale of PHI:

Neither FMHC nor your therapist are permitted to sell your PHI without your written consent. At this time we do not sell PHI for any purposes but this is subject to change, and if no PHI is involved, we will not explicitly notify you of this change.

Public Relations:

We may contact you to determine whether you would like to participate in a media event for FMHC or an external news media. We will need your written authorization before releasing your name. At this time we are participating in any media events, but this is subject to change, and if no PHI is involved, we will not explicitly notify you of this change.

Fundraising: We may contact you for fundraising efforts, using demographic information, dates of service, department of service, treating provider and outcome status, but you can tell us not to contact you again. To opt out please contact Jaclyn Fredriksen 607 677 4052, Dr.Fredriksen@FMHCounseling.onmicrosoft.com. At this time we are not involved in any fundraising events, but this is subject to change, and if no PHI is involved, we will not explicitly notify you of this change.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. FMHC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively and/or verbally in emergency situations.
2. Research. Under certain circumstances, we may want to use and disclose medical and mental health information for research purposes. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition. Your PHI can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research, to protect the safety of the participants and the confidentiality of PHI. At this time FMHC is not involved in research, but this is subject to change, and if no PHI is involved, we will not explicitly notify you of this change.

Acknowledgement of Receipt and Understanding of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing the below, you are acknowledging that you have received a copy of this Notice of Privacy Practices. YOU ARE AGREEING THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.