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HIPAA: NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/PSYCHOLOGICAL/SOCIAL INFORMATION ABOUT YOU MAY BE USED AND SHARED WITH OTHERS. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND FEEL FREE TO ASK ANY AND ALL QUESTIONS THAT YOU MIGHT HAVE. IT IS IMPORTANT THAT YOU UNDERSTAND THIS MATERIAL. THERE ARE PRIVACY PROTECTIONS IN PLACE BUT THERE ARE IMPORTANT EXCEPTIONS TO PRIVACY. THEY ARE DETAILED BELOW AND IN THE SEPARATE FORM YOU HAVE DEFINING CONFIDENTIALITY AND FINANCIAL POLICIES.

A federal regulation, commonly known as the “HIPAA Privacy Rule”, says that we must provide all of our patients with a detailed notice, in writing, of our privacy practices. Beyond that, we believe that it is important to know what kind of information we collect, what is done with that information, and how you can go about protecting the information. This notice is long and detailed, but the HIPAA Privacy Rule requires that we address many specific things. We have tried to make this information as understandable and easy to read as possible. We apologize in advance for the length. Please ask any questions you may have.

I. PROTECTING HEALTH INFORMATION ABOUT YOU

In this notice, we describe the ways that Angie Simonton, LCSW-BACS may use and disclose health information about her clients. There are many reasons that I might be asked to tell others about the assessment and treatment that was completed by me. Other health providers may need this information to simply make things more efficient, requiring your written permission unless there is an emergency in which you are unavailable or incapacitated. A number of legal situations may require that some of this information be shared. For example, if you enter a lawsuit or other legal proceeding (such as child custody dispute, a car wreck) where your mental condition is an issue, I may be required to release some of this information. You should consult with a lawyer in such a case. There are other, less common, reasons that information could be requested. In most cases (almost all), I will ask your permission BEFORE this information is released.

The HIPAA privacy rule requires that I protect the privacy of any health information that identifies a patient, or even information that could easily lead someone to know that you have been a patient. This information is known as “protected health information” or “PHI”. I will use that abbreviation throughout this notice – whenever you see “PHI”, please understand that I am talking about health information that is specific to you (the client) – sometimes information that you may not want shared with anyone else. This document describes your rights as my patient, and my obligations regarding the use and disclosure of this personal health information.

I am required by law to do the following things:

- Protect the privacy of PHI about you

- Give you this Notice of my legal duties and privacy practices with respect to PHI – when you received this document, that I satisfied this responsibility; and
- Comply with the terms of this Notice of Privacy Practices that are currently in effect.

Please be aware that I may have to make changes to this notice, and to make these changes for all personal health information I may already have about you. These regulations change over time. If and when this notice is changed, I will post a copy in my office, in a prominent location. I will also provide you with a copy of the revised notice when you ask for it. I, Angie Simonton, LCSW am the “Privacy Official” – this is the person in charge of making sure that these regulations are met. Please ask me any questions about privacy policies, express any concerns, and ask me for any updated version of this notice in the future.

II. HOW I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The following list describes the different ways I may use and disclose PHI for treatment, payment, or the operation of our practice. The examples included do not list every type or use or disclosure that may fall within that category but they are listed to help you understand how these regulations might apply to you.

Treatment:

I may use and share PHI about you to provide, coordinate or manage your mental health care and related services. It may be necessary, or best, for me to consult with other health care providers such as counselors, social workers, psychologists, or physicians such as your psychiatrist about your treatment. This will help to coordinate and manage your health care and ensure that you are receiving the best care possible. When I refer to another provider it is usually best to share what I know – it may prevent you from having to repeat many of the same procedures and/or go over your history “one more time”. For example, if you are referred to another mental health provider, I may share PHI to your new provider regarding the results of your evaluation/therapy. I may send a report about your care from my office or a provider that I refer you to so that the other provider may treat you. Again, unless you are incapacitated, or I am subpoenaed and your lawyer can’t have the subpoena quashed in some way, your written permission will be required in order to provide this information to another. This is called a “Release of Information” Form.

Payment:

I may, of course, find it necessary to share PHI so that I can bill and collect payment for the treatment and services provided to you. Like any other business, I must be paid for what I do so that I can continue to operate. Even before beginning an evaluation, treatment, or services, I may share details with your health plan or insurance carrier concerning the services you are scheduled to receive. For example:

- I may ask for payment approval from your health insurance company or your health plan before we provide assessment or therapy;
- I may share PHI to find out how much your insurance will pay for services we provide;
- I may have to share PHI to confirm to your insurance company that you are receiving the right kind and amount of care to obtain payment for services;
- I may use and disclose PHI for billing, claims management, and collection activities;
- I may have to share PHI to insurance companies who provide you with additional coverage;
- I may be required to share very limited PHI to agencies relating to collection of payments owed to us;
- I may also disclose PHI to another health care provider or to a company or health plan in order to make sure that the other provider is complying with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan;
- I may allow someone who works for the health insurance company to review PHI when the insurance company is trying to determine the insurance benefits to be paid for your care.

- AGAIN, UNLESS YOU ARE GRAVELY DISABLED OR OTHERWISE IN AN EMERGENCY, YOUR WRITTEN PERMISSION IS REQUIRED BEFORE THIS INFORMATION CAN BE SHARED.

Health Care Operations

I may have to communicate PHI in performing business activities which are called health care operations. Health care operations means those things that allow me to improve the quality of care that I provide and to reduce mental health care costs. This is how your PHI may be used relating to health care operations in most healthcare settings, however, in MY healthcare setting, none of the information I am required to provide you with below will occur without your WRITTEN Permission.

- Reviewing and improving the quality, efficiency, and cost of care that we provide to our patients. For example, I may use PHI about you to develop ways to help in deciding how I can improve the psychological treatment I provide to others;
- Improving health care and lowering costs for groups of people who have similar mental health problems and helping to manage and coordinate the care for these groups of people. I may use PHI to identify groups of people with similar mental health problems to give them information, for example, about treatment alternatives and educational classes;
- Reviewing and evaluating the skills, qualifications, and performance of mental health care providers taking care of you and my other patients;
- Providing training programs for students, trainees, interns, health care providers, or non-health care professionals (like billing personnel) to help them practice or improve their skills;
- Cooperating with outside organizations that assess the quality of the care that we provide;
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty;
- Cooperating with various people who review our activities. For example, PHI may be seen by other doctors reviewing the services provided to you, and by accountants, lawyers, and others who help us in complying with the law and managing our business;
- Assisting us in making plans for my practice's future operations;
- Resolving grievances within our practice. (See privacy policies form which you initialed and signed.)
- Reviewing our activities and using or disclosing PHI in the event that I sell my practice to someone else or combine with another practice; (This is a HIPAA technicality. I will not "sell" my practice.)
- Business planning and development, such as cost-management analyses;
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements; (see confidentiality exceptions form which you signed and initialed.)
- Creating "de-identified" information that is not identifiable to any individual;

If another mental health care provider, company, or health plan that also falls under this HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include:

- Reviewing and improving the quality, efficiency and cost of care provided to you
- Reviewing and evaluating the skills, qualifications, and performance of health care providers
- Providing training programs for students, trainees, health care providers, or non-health care professionals
- Cooperating with outside organizations that evaluate, certify, or license mental health care providers or staff in a particular field or specialty
- Assisting with legal compliance activities of that health care provider or company
- For the health care operations of an "organized health care arrangement" in which we participate.

Communication from My Office:

I may contact you to remind you of appointments and to provide you with information about treatment, treatment alternatives, or other health related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR PERMISSION

Uses and disclosures for which you can either agree or object

In some cases I can use and/or disclose information and you have the chance to agree or object to these uses and disclosures of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI.

- **Individuals involved in your care or payment for your care:** I may be allowed to disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then we may only reveal this information if you do not object after you have been told that you can object. (My policy is a written, signed consent from you to release information.) If you are not available, or if you are unable to consent or object, I may have to exercise professional judgment in determining whether disclosing that information is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your therapist for some reason, we may find it is in your best interest to give information to the friend or relative who brought you in for treatment. I may also use that information to let someone else know about your location, your general condition, or even your death. For example, a person could be psychotic or so gravely disabled that they cannot care for themselves. I may also need to coordinate with disaster relief agencies to make this type of notification.
- I may also use professional judgment and experience to make reasonable decisions about your best interests in allowing someone else to act on your behalf.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

I may use and disclose PHI about you in the following circumstances, even without your approval, authorization, or opportunity to agree or object, provided that we make sure we follow certain conditions of the law that may apply.

Required By Law: We may use and disclose PHI when federal, state, or local law requires that we do so. Any such disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may be required to share PHI with public health authorities or other authorized persons to carry out certain activities related to public health including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable (contagious) disease in order to control who may be at risk of contracting or spreading the disease; or
- To report your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance. That is a HIPAA technicality. (I do not communicate with employers without your permission, short of a grave emergency or threat.)

Abuse, Neglect, or Domestic Violence: I may need to disclose PHI in certain cases to government authorities if we reasonably believe that you have been a victim of domestic violence, abuse, or neglect. (See exceptions to confidentiality form which stated the exceptions to confidentiality, which you signed and initialed.)

Health Oversight Activities: I may disclose PHI to a health oversight agency – organizations who work to ensure

that I am doing my job well, for oversight activities including, for example:

- audits,
- investigations,
- inspections,
- licensure and disciplinary activities, and
- other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: I may use or disclose PHI when required by a court. I may be required to release PHI in response to subpoenas, requests from attorneys for “discovery” information, or other required legal purposes. In most cases, efforts have been made to advise you of the request or to obtain an order protecting the information requested, sometimes referred to as a “motion to quash”.

Law Enforcement: Under certain conditions, I may have to disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected victim of a crime if, under very limited circumstances, we are not able to get permission because the person is incapacitated or there is an emergency;
- To alert law enforcement of a death that I suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if it is necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death.

Research: I may use and disclose PHI about you for research purposes under certain limited circumstances. **I must obtain a written permission to use and disclose PHI about you for research purposes** except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI. For example, the new health care law under Medicare may require certain information.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat. The information may not need to be released if we can take an action that prevents the danger to the other person.

Specialized Government Functions: Under rare circumstances we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans for veterans benefits and were deemed necessary by military common authorities;
- For national security and intelligence activities;
- To help provide protective services for the president and others;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities.

Disclosures required by HIPAA Privacy Rule: I am required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. This is so that DHH can determine if we are following HIPAA guidelines. I am also required in certain cases to disclose PHI to you, upon your request, to access PHI or for an accounting of certain

disclosures of PHI about you (those requests are described below in this notice).

OTHERS USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

Worker's Compensation: I may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness. In this case, when you enter a worker's compensation lawsuit, you will probably waive the right to keep the information that we have about you completely private. You should speak with your attorney about this.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other disclosures of PHI about you will only be made with your written authorization. If you have give us permission to use or disclose PHI about you, you may revoke your permission at any time, except to the extent we have already taken action based on the permission.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to ask us to ensure additional restrictions on the PHI that we may use for treatment, payment, and health care operations. In other words, you can specify that there are certain kinds of information we should not seek. You may also ask for additional restrictions on how, what, and why we share PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. Please understand that I am not required to agree to your request. If I do agree to your request, I am required to honor this agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To ask for restrictions, you must make your request in writing to our Privacy Official. See the separate "exceptions to confidentiality form that you signed and initialed.) In your request, please include:

- (1) the information that you want to restrict;
- (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and
- (3) To whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to ask that we communicate with you about PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You may specify that we should not use e-mail, or a cordless telephone. You must make your request in writing to our Privacy Official.. You must specify how you would like to be contacted (for example, by regular mail or to your post office box and not your home). I am required to accommodate reasonable requests.

Right to Inspect and Copy:

You have the right to ask to see and get a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes (which are only for the use of the therapist) or information gathered or prepared for a civil, criminal, or administrative proceeding. I am allowed to deny your request to inspect and copy PHI, but only in limited circumstances. To inspect and copy PHI please contact our Privacy Official, Angie Simonton, LCSW. If you ask for a copy of PHI about you, I may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request. These fees are determined by state law.

Right to Amend:

You have the right to ask that I amend or change PHI about you, as long as such information is kept by and for our office. To make this kind of request you must submit your request in writing to Angie Simonton, LCSW. You must also give me a reason for your request. I may deny your request in certain cases, including if it is not in writing, or if you do not give us a reason for the request.

Right to Receive and Accounting of Disclosures:

You have the right to ask for an “accounting” of the times we have had to release PHI about you. This is a list of disclosures made by us during a specified period of up to six years, *other than* disclosures made:

- for treatment,
- for payment,
- for health care operations;
- for use in or related to a facility directory (I do not keep a directory. This is a HIPAA technicality that I tell you about a “directory”.)
- to family members or friends involved in your care;
- to you directly;

pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before May 31, 2017. If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you ask for in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. I will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice:

You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically.

To obtain a paper copy of this Notice, please contact our Privacy Official listed on the last page of this notice.

IV. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

Angie Simonton, LCSW
5001 Highway 190 E. Service Road
Suite D-4-5
Covington, LA 70443

V. Questions

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

Angie Simonton, LCSW
985-317-4319

VI. Privacy Official Contact Information

You may contact our Privacy Official at the following address and phone number.
Angie Simonton, LCSW

This Notice was published and first became effected on May 31, 2017. It was last updated on May 28, 2018.

My signature of this document means that I have read the above information, am in understanding of the information, and have had all of questions/ concerns answered.

Client/ Guardian Signature

Date

Angie Simonton, LCSW

Date