



## Veronica Lichtenstein LMHC

LET'S TALK ABOUT IT

### HIPAA NOTICE OF PRIVACY 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.

#### **Acknowledgment of Receipt of This Notice**

When you become our client, you will be asked to provide a signed acknowledgment of receipt of this notice. The intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your services will not depend on your signed acknowledgment. If you decline to sign an acknowledgment, we will continue to provide you with services. However, we will also use and disclose your protected health information for provision, and reporting of services, when necessary, as described in this notice.

#### **Our Duties and Responsibilities Regarding Your Protected Health Information**

We understand your medical and health information is personal and that protecting your health information is important. "Protected health information" is individually identifiable health information which includes items such as name, age, address, social security number, email address, etc. Veronica Lichtenstein LMHC, LLC follows strict federal and state laws that require us to maintain the confidentiality of your health information. We are required by law to do the following:

- Maintain the privacy of your health information
- Provide this notice that describes the ways that we may use and share your protected health information
- Follow the terms of the Notice currently in effect

#### **How We May Use or Disclose your Protected Health Information**

Your records will be retained by us for approximately seven years after your last date of service at this office. After the time has elapsed, your records will be shredded and destroyed in a way that protects your privacy. Copies of mental health records generated by our office which have been distributed to other entities may continue to exist under the privacy policies established by those entities. Until your records are destroyed, they may be used for the following purposes:

##### *For Required Uses and Disclosures*

We may disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

##### *For Treatment*

We will require signatures for a release of Protected Health Information for review of your case by the clinical supervisor. We may use and disclose your protected health information to provide your care and any related services. This includes the coordination or management of your health care with a third party. We might also disclose your information to a professional colleague who provides clinical consultation services. Any person or entity with whom your information is shared will also be required to comply with federal privacy practices regarding your protected health information. In addition, we also may use or disclose your protected health information to provide you with appointment reminders.

##### *As Required By Law*

We may use or disclose your protected health information if law or regulation requires the use or disclosure of your information.

##### *For Public Health and Safety*

We may use or disclose your protected health information if law or regulation requires the use or disclosure of your information.

### ***In Legal Proceedings***

We may disclose protected health information during lawsuits or disputes, in any judicial or administrative proceeding, in response to a court order or administrative tribunal, and in certain conditions, in response to a subpoena, discovery request, or other lawful process.

### ***To Assist Law Enforcement***

We may disclose protected health information for law enforcement purposes, including but not limited to, the following: responses to legal proceedings, information requests for identification and location, deaths suspected from criminal conduct, circumstances pertaining to victims of a crime, crimes occurring in our office or to our staff, to identify an individual being sought by authorities, or to cooperate with ongoing law enforcement investigations.

### ***To Protect National Security***

We may disclose protected health information for national security purposes, including but not limited to, the following: requests for information from military command authorities if you are a member of the armed forces or a member of a foreign military authority, national security and intelligence activities, protection of the President or other authorized person for foreign heads of state.

### **Your Rights Regarding Your Protected Health Information**

You may exercise the following rights by submitting a written request. Please be aware that your request might be denied, however, you may seek a review of the denial.

#### ***Right to Request Restriction***

You may request limitations on the mental health information we may disclose, but we will not be required to comply with your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

#### ***Right to Confidential Communications***

You may request communications from us in a certain way (for example, you may request that we leave necessary messages on our cell phone instead of your home phone), but you must make these requests in writing and specify exactly how you wish to be contacted when we need to do so.

#### ***Right to Inspect and Copy***

You may have a right to inspect and obtain a copy of your protected health information that is contained in your client record for as long as we maintain that information. A client record contains financial and service information such as session dates and times, modalities and frequencies of treatments furnished, diagnosis, functional status, symptoms, prognosis, and progress to date. However, narrative-content psychotherapy notes, by law are at our discretion if we will allow them to be inspected or copied. We charge a \$1.00 fee per page (plus any administrative fees) for copying records requested by you. Under certain circumstances, such as protected health information that is subject to law that prohibits access, you may be denied access to your information.

#### **Right to Request Clarification**

If you believe the information we have about you is incorrect or incomplete, you may ask to add clarifying information to the record. However, we are not required to accept the information that you propose or to add it to your records.

#### **Right to Accounting of Disclosures**

For up to seven years from your last date of service at this office, you may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment, payment or health care operations.

#### **Requirements Regarding This Notice**

The effective date of this Notice is January 1, 2023. We reserve the right to revise this notice and to make the revised or changed. Notice effective for health information we already have about you as well as any information we receive in the future. Should this notice change, upon request, a revised version will be provided to you. If you are concerned that your privacy rights have been violated or disagree with a decision that was made about access to our health information, contact Veronica Lichtenstein LMHC, LLC at 561-903-8255 (TALK) to request a review. You may also file a written complaint with the Office of Civil Rights of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a good-faith complaint.