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## Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. Two exceptions apply to my practice: 1) If you pay for sessions by any means other than cash (i.e., credit card or check), the person who processes incoming payments will know you are a client of mine but may not share that information with others. 2) As long as I am working under supervision, I am required to share information in your Mental Health Record with my clinical supervisor, who is also bound by the same requirements I am.

**I. Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record** – You can ask to see or receive electronic or paper copies of your Mental Health Record. Ask me how to do this, if needed. I can provide a copy or summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

**Ask to correct your medical record** – If you feel that Protected Health Information (PHI) I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing, and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me, in which case I will add your request to the information record; 2) is not part of the information I maintain; 3) is accurate and complete.

**Request confidential communications** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

**Ask me to limit what I use or share** - You have the right to request restrictions on certain uses and disclosures of PHI about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. Note that I do not routinely coordinate care with other providers, and because I do not file insurance, no information is disclosed about you to insurers. If another individual is paying for your sessions, the only information

shared is the amount owed. If you ask me to disclose information to another party, you may request that I limit the information I disclose. However, I am not required to agree to a restriction you request, and I may say "no" if it would affect your care. To request restrictions, you must make your request in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.

**Get a list of those with whom I have shared information** – You can ask for a list (accounting) of the times I have shared your PHI for six years prior to the date you ask, who I shared it with, and why. I will include all disclosures except 1) those related to supervision and payment, and 2) those you asked me to disclose. I'll provide one list/accounting per year but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice** – You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Changes to this notice: I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date. A new copy will be given to you. I will have copies of the current notice available on request.

**Choose someone to act for you** – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will confirm the person has this authority before taking any action.

**File a complaint** – If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting http://www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

**II. Your choices**

**For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information as described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

**You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care.** If you are not able to tell us your preference, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety. I will never share your health information for marketing purposes, sale of your information, or specific psychotherapy notes, without your written permission. Although not expected, I may contact you for fundraising efforts, but you can tell me not to contact you again.

**III. Other Uses and Disclosures**

**How do I typically use or share your health information?**

I typically use or share your health information in the following ways.

**To run my organization** – I can use and share your health information (with my clinical supervisor, for example) to run my practice, improve your care, and contact you when necessary.

**To bill for your services** – I can use and share limited information to request payment for services from others, when applicable.

I am also allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because it is legally required:

- **Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- **Child Abuse Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by New Mexico law to report the matter immediately to the New Mexico Department of Social Services.
- **Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by New Mexico law to immediately make a report and provide relevant information to the New Mexico Department of Welfare or Social Services.
- **Health Oversight:** New Mexico law requires that licensed mental and behavioral health professionals report misconduct by a health care provider of their own profession. By policy, I also reserve the right to report misconduct by health care providers of other professions. By law, if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to make such a report. If you are a health care provider and I believe your condition places the public at risk, I am required by law to report to your licensing board that you are in treatment with me. New Mexico Licensing Boards have the power, when necessary, to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.
- **Court Proceedings:** If you are involved in a court preceding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena. However, while awaiting the judge's decision, I am required to place said records in a sealed envelope and provide them to the Clerk of Court. In New Mexico civil court cases, therapy information is not protected by patient-therapist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be "necessary for the proper administration of justice." In criminal cases, New Mexico has no statute granting therapist-patient privilege, although records can sometimes be protected on another basis.
- **Serious Threat to Health or Safety:** Under New Mexico law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third

parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By my own policy, I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety.

- **Workers Compensation:** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

**IV. Provider Responsibilities**

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

**Changes to the Terms of This Notice**

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request and on my web site.

**Effective Date of Notice:** January 1, 2018.