

Notice of HIPAA Privacy

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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.

I. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I have created or received about your past, present, or future health, mental health or condition, the provision of health care / mental health care to you, or the payment of said care. We must provide you with this Notice about our privacy practices, and such Notice must explain how, when, and why we will “use” and “disclose” your PHI. A “use” of PHI occurs when we share, examine, utilize, apply, or analyze such information within our practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our practice. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, we are legally required to follow the privacy practices described in this Notice.

However, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file. Before making any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office and website. You can also request a copy of this Notice from us, or you can view a copy of it in our office.

II. HOW I MAY USE AND DISCLOSE YOUR PHI

I am required to maintain the confidentiality of your PHI by the following federal and New Jersey laws:

- A) The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Department of Health and Human Services issued the following regulations: “Standards for Privacy of Individually Identifiable Health Information”. These are known as ‘HIPAA Privacy Regulations’. I may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require me to comply with New Jersey laws that are more stringent and provide greater protection for your PHI.
- B) New Jersey Confidentiality Laws: New Jersey laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. I am not permitted to disclose or release PHI in response to a New Jersey subpoena. I will comply with the New Jersey laws that are more stringent than the HIPAA Regulations and provide greater protection for your PHI.

I will use and disclose your PHI for many different reasons, some of which I will need your authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

- A. **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent.** I can use and disclose your PHI without your consent for the following reasons:
 - a. For Treatment: I may use and disclose PHI about you to provide, coordinate, or manage your healthcare / mental healthcare and related services. I may consult with other health / mental healthcare providers such as hospitals, physicians, nurses, and other healthcare/ mental healthcare personnel regarding your treatment to coordinate and manage your health / mental healthcare with others. However, as a safeguard, you will be asked to complete an Authorization to Release Medical / Mental Health Information and Form whenever possible, prior to any disclosure.
 - b. To Obtain Payment For Treatment. I may use and disclose your health / mental health information to seek payment for services that were provided to you. This disclosure involves business office staff and may include insurance organizations or other business that may become involved in the process of mailing statements and/or collecting unpaid balances.
 - c. For Health Care Operations. I may use and disclose PHI in performing business activities that are called Healthcare Operations. Healthcare Operations include doing things that will allow me to evaluate and improve services.
 - d. Patient Incapacitation or Emergencies. I may also disclose your PHI to others without your consent if you are incapacitated or if any emergency arises. I may use or disclose your health information to notify and/or assist with notifying a family member or anyone responsible for your care in case of any emergency involving your care. This may include your location, your general condition or death. If at all possible I will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated, I will use professional judgment to release only the information directly relevant to your care.
- B. **Certain Other Uses and Disclosures Also Do Not Require Your Authorization.** We may use and disclose your PHI without your authorization for the following reasons:
 - a. When federal, state, or local laws require disclosure. I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses and disclosures.
 - b. When judicial or administrative proceedings require disclosure. If you are involved in a lawsuit I may have to use or disclose your PHI in response to a court or administrative order.
 - c. When law enforcement requires disclosure. I may have to use or disclose your PHI in response to a search warrant or Judges Order.
 - d. When public health activities require disclosure. If required by federal or state law, I may use or disclose your PHI to report reactions to medications, disease/infections, exposure and to prevent and control diseases, injury and/or disability as required by law.
 - e. When health oversight activities require disclosure. I may disclose your PHI to a health oversight agency for activities authorized by law to assist the government in conducting an investigation.

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- f. To avert a serious threat to health or safety. I may have to disclose your PHI to prevent or lessen a serious and imminent threat to the health and/or safety of a person or others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring and will be in compliance with New Jersey Law.
 - g. In cases of child abuse and/or neglect. I may disclose your PHI to appropriate authorities if there is reason to believe that you or your child are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health, safety or that of others.
 - h. For specialized government functions. If you are in the military, I may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.
 - i. To remind you about appointments and to inform you of health-related benefits or services. I may have to use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternatives, other health care services, and/or other health / mental health care benefits that we offer that may be of interest to you.
 - j. Incidental uses and disclosures: Incidental uses and disclosures of information may occur and cannot be reasonably prevented, is limited in nature, and occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that I have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. Disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.
- C. **Certain Uses and Disclosures Require You to Have the Opportunity To Object:** I may disclose 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.
- D. **Other Uses and Disclosures Require Your Prior Written Authorization.** For most situations, I will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures.

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. **The Right To Inspect And Receive A Copy Of Your PHI.** Upon written request, you have the right to inspect and get copies of certain health information and that of an individual for whom you are a legal guardian. There will be some limited exceptions. Psychotherapy notes are excluded from the legal provision that gives clients/patients the right to see and be provided with a copy of their health information. If you wish to examine your health information you will need to submit your request in writing to the address listed on this Notice. Once approved, an appointment can be made to review your records.
- B. **The Right To Choose How I send PHI to You.** You have the right to request that I send confidential information to you at an alternate address (e.g. sending information to your work address rather than your home address) or by alternate means (e.g. email instead of regular mail). I must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and, when appropriate, you provide me with information as to how payment for such alternate communications will be handled.
- C. **The Right To Amend Your PHI.** You have the right to amend your PHI if you feel it is inaccurate or incomplete. The request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.
- D. **The Right To Receive A List Of The Disclosures I Have Made.** You have the right to request an accounting of my disclosures of your PHI made for purposes other than treatment, payment, or healthcare operations as described in this notice. The practice is not required to account for disclosures (1) which you request, (2) which you authorized by signing an authorization to release medical information form, (3) to friends and/or family members authorized to be involved in your care, and (4) certain other disclosures my practice is permitted to make without authorization. The request for an accounting must be made in writing to the address on this Notice and should include the time period for which you wish the accounting to include – not longer than a six (6) year period.
- E. **The Right To Revoke A Prior Authorization.** You have the right to revoke a prior authorization to release your PHI. All requests to revoke authorization of PHI must be made in writing.

IV. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think that I may have violated your privacy right, or you disagree with a decision made about access to your PHI, you may file a written complaint with the person indicated on the top of this page. You have also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

V. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on November 15, 2015 and has been modified as of February, 2018.