

# Jessica L Smith LLC

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## **NOTICE OF PRIVACY PRACTICES**

*THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

### MY PRIVACY COMMITMENT TO YOU

Your privacy is very important to me. I am required by law to maintain the privacy of your confidential information and provide you with this notice of privacy practices. Unless you give me permission in writing, I will only disclose your information when I am ethically and legally required to do so. In most cases, I will only share the minimum amount of information that is required of me when disclosing your PHI.

### YOUR PRIVATE INFORMATION

As a mental health care provider, I create and maintain treatment records that contain individually identifiable health information about you. This notice applies to the information and records I have about your treatment, mental health status, and the care you receive at my practice. This information may include but is not limited to your history, reasons for seeking treatment, diagnoses, treatment plans, progress notes, and billing and insurance information. This notice will tell you about the ways in which I may use and disclose information about you and explains your rights and my obligations regarding the use and disclosure about that information.

### MY LEGAL DUTY TO PROTECT YOUR PRIVACY

I am legally required to protect the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. Your PHI may be used and disclosed by my practice for the purpose of your mental health treatment and related services. A “use” of PHI occurs when I share, examine, utilize, apply, or

analyze such information within my practice. PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I reserve the right to revise this notice of privacy practices at any time. Any revision to this notice will be effective for all of your records that my practice has created or maintained in the past, and for any of your records that I may create or maintain in the future. You will receive a new notice of privacy practices when any revisions are made. You may also view a copy of the most current notice of privacy practices found on my website at [www.jlsmithllc.com](http://www.jlsmithllc.com).

#### HOW I MAY USE AND DISCLOSE YOUR PHI

*Uses and disclosures related to treatment, payment, or health care operations DO NOT require your prior written consent or authorization. I can use and disclose your PHI without your consent or authorization for the following purposes:*

- **For treatment:** I may use and disclose your PHI within my practice to provide you with mental health services. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care professionals who provide you with health care services or are involved in your care. For example, I can disclose your PHI to a psychiatrist that may be treating you for the purpose of coordinating your care.
- **To receive payment for treatment:** I may use and disclose your PHI to bill and collect payment for the services received at my practice. For example, I might send your PHI to your insurance company to get paid for the services that I have provided to you. To do so, I may need to provide your insurance company with your diagnoses and types of treatment you received at my practice. I may need to disclose the dates your sessions took place, your progress in treatment, and other relevant information. Your insurance company may also request to review client files to evaluate my record keeping and compliance to contracting requirements.
- **For health care operations:** I may use and disclose your PHI to support and manage my practice. For example, I might use your information to review and evaluate your treatment and services or to evaluate my performance while treating you. I may disclose your information to business associates

who perform billing, consulting, transcription, or other services for my practice.

*Other uses and disclosure that DO NOT require your consent or authorization to release PHI are listed below:*

- **When required by law:** When federal, state, or local laws require disclosure. For example, I am mandated to report suspected abuse or neglect of children to a state agency.
- **For lawsuits & similar proceedings:** When judicial or administrative proceedings require disclosure. For example, I may disclose your PHI in response to a discovery request, subpoena, or other lawful process. I will first inform you of this request and advise you to speak with your lawyer.
- **For law enforcement purposes:** When law enforcement requires disclosure. For example, I may need to use or disclose your PHI in response to a search warrant.
- **For public health officials:** When public health activities require disclosure. For example, I may need to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.
- **For health oversight activities:** When health oversight activities require disclosure. For example, I may have to provide information to the government for the purpose of monitoring government programs and compliance with civil rights laws. I may also be required to disclose your information to government health agencies for research purposes such as studying mental health disorders and improving treatments for these disorders.
- **To prevent a threat to health or safety:** When serious threat to your health or safety, or the health or safety of another person or the public requires disclosure. For example, if you experience a life-threatening emergency and become unconscious, I can disclose your PHI if I believe it is what you would have wanted had you been able to provide consent. I will only disclose your information to those able to prevent the threatened harm from continuing.
- **For specific government functions:** I may use and disclose your PHI to federal officials for intelligence and national security purposes authorized by law. If required by appropriate authorities, I may use and disclose PHI of military personnel and veterans, to workers' compensation and disability

programs, or to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

- **For deceased related matters:** When coroners, medical examiners, funeral directors, or other related organizations require disclosure.
- **For appointment reminders and treatment alternatives:** I may use and disclose your PHI to contact you about scheduled appointments, or to give you information about treatment alternatives or other health care services that may be of benefit to you.

*Uses and disclosures in which you have the opportunity to object:*

- **Disclosures to family, friends, or others:** I may disclose your PHI to a family member, friends, or other person that you indicate is involved in your care or the payment for your health care. I will ask you what information you are comfortable with me sharing, as well as specifics that you would like me to keep private. The opportunity to consent may be obtained retroactively in emergency situations.

For any other situation not described in the above sections of the notice of privacy practices document, I will need your written consent before using or disclosing any of your PHI. Your written authorization will be acquired by signing a release-of-information form. If at any time you change your mind following the signing of a release-of-information form, you may revoke the release in writing. Please note, any information disclosed prior to revoking the release cannot be refuted.

## YOUR PRIVACY RIGHTS

*Although your health record is the physical property of the practitioner that compiled it, the health information belongs to you. The following are rights that you have to your PHI:*

- **The right to choose how I send PHI to you:** You have the right to request that I communicate with you about your health and related issues in a particular way or at a certain place that suits your privacy needs. For example, you may ask that I contact you at home rather than at work. I

must agree to your request so long that it is reasonable, and you specify how and where you wish to be contacted.

- **The right to request restrictions on my uses and disclosures:** You have the right to request restrictions on my uses or disclosures of your PHI to carry out treatment, payment, or health care operations. You also have the right to request that I restrict disclosure of your PHI to family members, friends, or others involved in your care or who are financially responsible for your care. Please submit such requests to me in writing. I am not required to agree to your request, however if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- **The right to inspect and receive a copy of your PHI:** You have the right to inspect and obtain a copy of your PHI. Such information may include your medical and billing records. To make this request, you must submit your request to me in writing. Please note, I may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. The right to inspect and copy your PHI is not unlimited, as I am permitted to deny access to you for specified reasons. For example, you do not have this right of access with respect to my psychotherapy notes. Psychotherapy notes, also referred to as “progress notes”, are written after each appointment which documents the contents of our session including progress, treatment goals, and relevant interventions used.
- **The right to amend your PHI:** You may ask me to amend your health information if you believe it to be incorrect or incomplete. You must provide the request and reason for the request in writing. I am permitted to deny the requested amendment for specified reasons.
- **The right to receive a list of disclosures I have made:** You have the right to receive an accounting of disclosures. This is a list of certain non-routine disclosures my practice has made of your PHI for purposes not related to treatment, payment, or operations. In order to obtain an accounting of disclosures, you must submit your request in writing. This request must state a time period which may not be longer than six years from the date on which the accounting is requested.
- **The right to receive a paper copy of this notice:** You are entitled to receive a paper copy of the most current notice of privacy practices at any time. You may also find this document on my website at [www.jlsmithllc.com](http://www.jlsmithllc.com).

- **The right to be informed of a security breach:** You have the right to be notified if there is a security breach of your PHI.
- **The right to file a complaint:** You have the right to file a complaint without retaliation for taking such action. You may file a complaint to the privacy officer of this practice if you believe your PHI has been handled improperly or if you believe your privacy rights have been violated. You may also file a complaint with the Secretary of the Department of Health and Human Services.
- **The right to provide an authorization for other uses and disclosures:** You have the right to authorize for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions or concerns about this notice, or would like to submit a request in writing, please contact the Privacy Officer of this practice:

Jessica L Smith, 701 W. Broad Street, Suite 203 Bethlehem, PA 18018

Effective date: June 1, 2020