

**Four Elements Integrative Counseling, LLC**

**The Park Center II  
3681 South Green Road, Suite 406 Beachwood, Ohio 44122**

**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.**

**If you have any questions about this Notice please contact:  
Siobhán Malavé, LISW -S**

This Notice of Privacy Practices describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" 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.

I am required to abide by the terms of this Notice of Privacy Practices. I may change the terms of our notice, at any time. The new notice will be effective for all protected health information that I maintain at that time. Upon your request, I will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

**1. Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your doctor and others outside of my office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the doctor's practice. Following are examples of the types of uses and disclosures of your protected health care information that the doctor's office is permitted to make once you have signed my consent

form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by my office once you have provided consent.

**Treatment:** I will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, I would disclose your protected health information, as necessary, to a home health agency that provides care to you. I will also disclose protected health information to other doctors who may be treating you when I have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

In addition, I may disclose your protected health information from time-to-time to another doctor or health care provider (e.g., a specialist or laboratory) who, at the request of your doctor, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your doctor.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services I recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** I may use or disclose, as needed, your protected health information in order to support the business activities of your provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. I may call you by name in the waiting room when I am ready to see

you. I will share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between my office and a business associate involves the use or disclosure of your protected health information, I will have a written contract that contains terms that will protect the privacy of your protected health information.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosure of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your provider or provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

I may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, I may disclose such information as necessary if I determine that it is in your best interest based on my professional judgment. I may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Finally, I may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** I may use or disclose your protected health information in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your provider or another provider on call in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protect health information to treat you.

**Communication Barriers:** I may use or disclose your protected health information if your provider or another provider on call in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

I may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law:** I may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified by law, of any such uses or disclosures.

**Communicable Diseases:** I may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** I may disclose protected health information to a health oversight agency for activities authorized by law, such as

audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** I may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws, whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Legal Proceedings:** I may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Criminal Activity:** Consistent with applicable federal and state laws, I may disclose your protected health information, if I believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Required Uses and Disclosures:** Under the law, I must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**Psychotherapy Notes:** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an

authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

## **2. Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

### **You have the right to inspect and copy your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as I maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your doctor and the practice use for making decisions about you. Under federal law, however you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

Your provider is not required to agree to a restriction that you may request. If your provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your provider does agree to the requested restriction, I may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider. You may request a restriction by written request, which must include an itemization of restricted information, dates requested and signature.

### **You have the right to request to receive confidential communications from me by alternative means or at an alternative location.**

I will accommodate reasonable requests. And I may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. I will not request an explanation from you as to the basis for the request. Please make this request in writing.

**You may have the right to have your doctor amend your protected health information.**

This means you may request an amendment of protected health information about you in a designated record set for as long as I maintain this information. In certain cases, I may deny your request for an amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures I have made, if any, of your protected health information.**

The right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures I may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after June 1st, 2016. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Breach Notification.**

If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**3. Complaints**

You may complain to me or the Secretary of Health and Human Services if you believe your privacy rights have been violated by me. You may file a complaint with me by notifying our privacy contact of

your complaint. I will not retaliate against you for filing a complaint. You may contact Siobhán Malavé, LISW -S at Four Elements Integrative Counseling, LLC for further information about the complaint process. This notice was published and became effective on June 1st 2016.