

# Notice of Privacy Practices

HOLLY ULMAN COUNSELING

hollyulmancounseling.clientsecure.me

562-296-2563

EFFECTIVE DATE: This Notice went into effect on September 5, 2024.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices ("Notice") apply to Holly Ulman Counseling (referred to herein as "Holly Ulman Counseling", "We", or "I"), its affiliates and its employees. Holly Ulman Counseling will share protected health information (PHI) of clients as necessary to carry out treatment, payment, and healthcare operations as permitted by law.

We are required by law to maintain the privacy of our clients' PHI and to provide clients with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all PHI maintained by Holly Ulman Counseling. We are required to notify you in the event of a breach of your unsecured PHI. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act ("HIPAA"). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by contacting Holly Ulman Counseling or visiting the practice website listed below.

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

**Authorization and Consent:** Except as outlined below, we will not use or disclose your PHI for any purpose other than treatment, payment, or healthcare operations unless you have signed a Release of Information form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once we actually receive the writing; however, such revocation shall not be effective to the extent that we have taken any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

**Uses and Disclosures for Treatment:** While your health information is used internally in the course of your treatment, a Release of Information form will be required to provide information outside of our practice for your treatment by another healthcare provider. Furthermore, authorization is required for

most uses and disclosures of psychotherapy notes.

**Uses and Disclosures for Payment:** We will make uses and disclosures of your PHI as necessary for payment purposes. During the normal course of business operations, we may forward information regarding your treatment to your insurance company to arrange payment for the services provided to you. We may also use your information to prepare a bill to send to you or to the person responsible for your payment.

**Uses and Disclosures for Healthcare Operations:** We will make uses and disclosures of your PHI as necessary, and as permitted by law, for our healthcare operations, which may include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your PHI for purposes of improving clinical treatment and client care.

**Individuals Involved in Your Care:** We may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Appointments and Services:** We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI from us by alternative means or at alternative locations.

**Other Uses and Disclosures:** We are permitted and/or required by law to make certain other uses and disclosures of your PHI without your consent or authorization for the following:

- Any purpose required by law
- Public health activities such as required reporting of immunizations, disease, injury, birth and death, or in connection with public health investigations
- If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected. Once a report is filed, I may be required to provide additional information.
- If I know or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited. Once a report is filed, I may be required to provide additional information.

- If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.
- To law enforcement officials as required by law if we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law
- To the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls
- To your employer when we have provided healthcare to you at the request of your employer
- To a government oversight agency conducting audits, investigations, civil or criminal proceedings
- Court or administrative ordered subpoena or discovery request
- To coroners and/or funeral directors consistent with law
- If you are a member of the military, we may also release your protected health information for national security or intelligence activities
- To workers' compensation agencies for workers' compensation benefit determination.

#### DISCLOSURES REQUIRING AUTHORIZATION:

Psychotherapy Notes: We must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes, without obtaining your written authorization, including the following:

- 1) to carry out certain treatment, payment or healthcare operations (e.g., use for the purposes of your treatment, for our own training, and to defend ourselves in a legal action or other proceeding brought by you)
- 2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law
- 3) as required by law
- 4) for health oversight activities authorized by law

- 5) to medical examiners or coroners as permitted by state law
- 6) for the purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public.

#### RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION:

- **Treatment:** You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
- **Confidentiality:** You have the right to have your healthcare information protected. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. I will agree to such unless a law requires us to share that information.
- **Access to Your PHI:** You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and a Release of Information form must be completed. Furthermore, you will be charged a flat rate of \$25 for copies of Medical Records. I will have 7 business days to prepare medical records. Requested files will be sent through our secure HIPAA compliant client portal.
- **Amendments to Your PHI:** You have the right to request in writing that PHI that we maintain about you be amended or corrected. We are not obligated to make requested amendments, but we will give each request careful consideration.
- **Restrictions on Use and Disclosure of Your PHI:** You have the right to request restrictions on uses and disclosures of your PHI for treatment, payment, or healthcare operations. We are not required to agree to most restriction requests, but will attempt to accommodate reasonable requests when appropriate. You do, however, have the right to restrict disclosure of your PHI to a health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the PHI pertains solely to a healthcare item or service for which you, or someone other than the health plan on your behalf, has paid Holly Ulman Counseling in full. If we agree to any discretionary restrictions, we reserve the right to remove such restrictions as we see appropriate. We will notify you if we remove a restriction imposed in accordance with this paragraph. You also have the right to withdraw, in writing or orally, any restriction by communicating your desire to do so to the individual responsible for medical records.
- **Notice of Breach:** We take very seriously the confidentiality of our clients' information, and we are required by law to protect the privacy and security of your PHI through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

- Paper Copy of this Notice: You have a right, even if you have agreed to receive notices electronically, to obtain a paper copy of this Notice. To do so, please submit a request to Holly Ulman Counseling.
- Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- Right to Choose Someone to Act for You: If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.
- Right to Choose: You have the right to decline services with Holly Ulman Counseling and outside referrals can be provided.
- Right to Terminate: You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued.
- Right to Release Information with Written Consent – With your written consent, any part of your record can be released to any person or agency you designate. Together, we will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

Complaints: If you believe your privacy rights have been violated, you may file a complaint by writing to: Department of Health and Human Services-Complaints Management and Investigative Section, P.O. Box 141369 Austin, Texas 78714-1369, or by calling 1-800- 942-5540. I will not penalize or retaliate against you in any way for making a complaint to Holly Ulman Counseling or to the Department of Health and Human Services. I will notify you in the unlikely event of a breach of your unsecured protected health information.

This Notice of Privacy Practices is also available on the Holly Ulman Counseling web page at <https://hollyulmancounseling.clientsecure.me/>

#### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.