

HIRAETH THERAPY

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH, MENTAL HEALTH, AND DRUG AND ALCOHOL-RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WE ARE

For purposes of this Notice, "us," "we," and "our" refer to Hiraeth Therapy and its providers, and "you" or "your" refers to our clients (or their legal representatives as determined by us in accordance with state informed consent law). When you receive healthcare services from us, we will obtain access to your medical information (i.e., your health history). We are committed to maintaining the privacy of your health information, and we have implemented numerous procedures to ensure that we do so.

COMMITMENT TO YOUR PRIVACY

Hiraeth Therapy is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and relate to your past, present, or future physical or mental health condition(s) and related health care services, either in paper or electronic format. This Notice of Privacy Practices ("Notice") is required by law to provide you with the legal duties and the privacy practices that Hiraeth Therapy maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed and your rights regarding your PHI. Please read it carefully and discuss any questions or concerns with your therapist.

LEGAL DUTY TO SAFEGUARD YOUR PHI

By federal and state law, Hiraeth Therapy must keep your PHI private. I create a record of the care and services you receive from me. This record helps me provide you with quality care and allows me to comply with specific legal requirements. This Notice applies to all of the

records of your care generated by Hiraeth Therapy. This Notice explains when, why, and how Hiraeth Therapy uses and discloses your PHI. "Use" of PHI applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosure" applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties. "Authorization" means written permission for specific uses or disclosures. Hiraeth Therapy releases, transfers, gives, or otherwise reveals it to a third party outside of Hiraeth Therapy. With some exceptions, Hiraeth Therapy may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Hiraeth Therapy is always legally required to follow the privacy practices described in this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Hiraeth Therapy will not use or disclose your PHI without your written authorization, except as described in this Notice or the "Professional Disclosure and Informed Consent" document. The following categories describe different ways that I may use and disclose PHI. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment We will use and disclose your PHI to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your healthcare with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

To Obtain Payment for Treatment Your PHI will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for therapy sessions may require that your relevant PHI be disclosed to the health plan to receive authorization for more sessions.

For Healthcare Operations PHI is used to improve services we provide, train staff, manage business management, improve quality assessment and improvement, and improve customer service. For example, we may use your PHI to review our treatment and services and evaluate our staff's performance in caring for you.

Note: State and Federal law provide additional protection for certain types of health information, including alcohol or drug abuse, mental health, and AIDS/HIV, and may limit whether and how Hiraeth Therapy may disclose information about you to others.

USE AND DISCLOSURE OF PHI IN SPECIAL CIRCUMSTANCES

Hiraeth Therapy may use or disclose your PHI without your consent or authorization to:

- Comply with federal, state, or local laws that require disclosure.
- Assist in public health activities such as tracking diseases or medical devices.
- Inform authorities to protect victims of abuse or neglect.
- Comply with federal and state health oversight activities such as fraud investigations.
- Respond to law enforcement officials or judicial orders, subpoenas, or other processes.
- Inform coroners, medical examiners, and funeral directors of information necessary for them to fulfill their duties.
- Conduct research following internal review protocols to balance privacy and research needs.
- Avert a serious threat to health or safety.
- Assist in specialized government functions such as national security, intelligence, and protective services.
- Inform military and veteran authorities (if you are an active or reserve armed forces member).
- Inform a correctional institution if you are an inmate.
- Inform workers' compensation carriers or your employer if you are injured.
- Recommend treatment alternatives.
- Tell you about health-related products and services.
- Communicate with our organization for treatment, payment, or healthcare operations.
- Communicate with other providers, health plans, or their related entities for their treatment or payment activities, or healthcare operations activities relating to quality assessment and improvement, care coordination, and the qualifications and training of healthcare professionals.
- We may also use or disclose your personal health information for operational purposes. For example, we may communicate with individuals involved in your care or payment for that care, such as family or guardians, and send appointment reminders.

We may disclose Health Information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services. All of our business associates are obligated to protect the privacy of your information and abide by the same HIPAA Privacy standards as outlined in this Notice.

OTHER PERMITTED USES AND DISCLOSURES REQUIRING YOUR PRIOR WRITTEN AUTHORIZATION

Unless noted above in our Use and Disclosures, all other permitted uses and disclosures of your PHI will be made only with your consent, authorization, or opportunity to object unless required by law. This includes:

- Most uses and disclosure of psychotherapy notes
- Uses and disclosures for market purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- Disclosures that constitute a sale of your PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

You may revoke the authorization, at any time, in writing, except to the extent that your provider or the provider's practice has acted in reliance on the use of disclosure indicated in the authorization.

CLIENT'S RIGHTS

Right to 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.

Right to Confidentiality You have the right to ensure that your healthcare information is protected.

Right to Request Restrictions You have the right to request restrictions on specific uses and disclosures of PHI about you. However, I am not required to agree to a restriction you request.

Right to Inspect and Copy You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. I will discuss the details of the request and denial process with you upon your request.

Right to Amend You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. At your request, I will discuss with you the details of the amendment process.

Right to Receive Confidential Communications by Alternative Means and/or at Alternative Locations 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 you are seeing me. Upon your request, I will send your bills to another address.)

Right to an Accounting You generally have the right to receive an account of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). At your request, I will discuss the details of the accounting process.

Right to 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 ensure the person has this authority and can act for you before I act.

Right to Choose You have the right to decide not to receive services with me. Upon your request, I will provide you with the names of other qualified professionals.

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. Please discuss your decision with me in session before terminating, or at least contact me by phone to let me know you are terminating services.

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 harm you.

THERAPIST'S DUTIES

I am required by law to maintain PHI's privacy and provide you with a notice of my legal duties and privacy practices concerning PHI. I reserve the right to change the policies and practices described in this Notice. I am required to abide by the terms currently in effect until I notify you in writing of any changes. If I revise my policies and procedures, I will provide you a revised notice via email or the client portal.

COMPLAINTS

If you are concerned that I have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint. Because I am the Contact Person for my practice, you may complain to me if you believe your privacy rights may have been violated. You may file a complaint with me via phone, the client portal, or in writing. I

always encourage you to discuss with me in person any complaints you have with the treatment I am providing.

Hiraeth Therapy Privacy Officer

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You may also send a written complaint to the Health and Human Services Office for Civil Rights located at 200 Independence Ave., S.W., Washington DC 20201, calling HHS at (877) 696-6775 or by visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. Under no circumstances will you be penalized or retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

This notice goes into effect on 1/1/2024.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by emailing you a copy of the updated policies and procedures.

Acknowledgment of Receipt of Notice of Privacy Practices By signing this document, you are acknowledging that you have received a copy of the Notice of Privacy Practices.

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Client Name: _____ Date: _____

Client Signature: _____