

HIPAA NOTICE OF PRIVACY PRACTICES

Alison Wittenberg, APRN, PMHNP, LLC

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THE INFORMATION.

MY PLEDGE REGARDING HEALTH INFORMATION: The privacy of your health information is important to me. I understand that your protected health information is personal and I am committed to protecting it. I create a record of the care and services you receive through my office. I need this record to provide you with quality care and to comply with certain legal requirements. This notice OF privacy practices will tell you about the ways I may use and share health information about you. I also describe your rights and certain duties I have regarding the use and disclosure of your Protected Health Information (PHI).

MY LEGAL DUTY: I am required by applicable federal and state law to maintain the privacy of your Protected Health Information (PHI). I am also required to give you this notice about my privacy practices, my legal duties and your rights concerning your PHI. I must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on 07/11/21. I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my off and on my website. You can also request a copy of this Notice from me via the phone and email address listed at the bottom of this Notice, or you can view a copy of it in my office or at my website, which is located at alisonwittenbergaprn.com.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION: I may use and disclose your PHI without your specific authorization for the purpose of treatment, payment, and health care operations. For example:

TREATMENT: I may use or disclose your PHI to a physician, psychiatrist, psychologist or other licensed healthcare provider who provides you with healthcare services or are involved in your care.

PAYMENT: I may use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.

HEALTHCARE OPERATIONS: We may use and disclose your PHI as necessary to support the healthcare operations and activities of our practice. For example, I might use your PHI to evaluate the quality of health care services that you receive. I may also provide your PHI

to my accountants, attorneys, consultants, and others to make sure that all my patients receive quality care and to comply with applicable laws.

YOUR AUTHORIZATION: In addition to my use of your PHI for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

DISCLOSURES TO FAMILY, FRIENDS OR OTHERS: I may provide your PHI to a family member, friend, or other person that you indicated is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

OTHER DISCLOSURES: I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example if you were unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI) THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION:

REQUIRED BY LAW: I may use or disclose your PHI when I am required to do so by federal, state or local law.

ABUSE OR NEGLECT: I may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. I may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

LAW ENFORCEMENT: I may disclose your PHI if asked to do so by a law enforcement official:

- When federal, state or local law; judicial or administrative proceedings; or, law enforcement requires disclosure. For example, I may make a disclosure to applicable officials when law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding or criminal investigation.
- For health oversight activities. For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

- To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- For specific government functions. I may disclose PHI of military personnel and veterans as required by military command authorities. And I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
- For workers' compensation purposes. I may provide PHI in order to comply with workers' compensation laws.
- Appointment reminders and health-related benefits or services. I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

YOUR RIGHTS REGARDING YOUR PHI:

RIGHT TO INSPECT AND COPY: You have the right to inspect and request a copy of your PHI. You may request that I provide copies in a format other than photocopies. I will use the format you request unless it is not practical for me to do so. I reserve the right to charge a reasonable fee for copies of your PHI. You must make a request in writing to obtain access to your PHI. I will respond to your request for access within 30 days of receiving the request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that in advance.

AMENDMENT: You have the right to request that I correct or amend your PHI. A request must be done in writing. I will respond to your request for amendment within 60 days of receiving the request. If I accept your request to amend, I will notify you. I may deny your request in writing if the PHI is (i) correct and complete (ii) not created by me (iii) not allowed to be disclosed (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.

THE RIGHT TO RESTRICT DISCLOSURES WHEN YOU HAVE PAID FOR YOUR CARE OUT-OF-POCKET: You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

DISCLOSURE ACCOUNTING: You have the right to request and receive an accounting of disclosures of your PHI made by me. I am not required under the HIPAA privacy regulation to provide you with an accounting of certain types of disclosures, such as any disclosures made prior to 07/11/21, disclosures for treatment, payment of health care operations

activities, disclosures to persons involved in your care, disclosures that are accidental to a permitted use of disclosure. To request an accounting of disclosures, you must send a written request to the address listed at the bottom of this Notice. You may request one such disclosure at no charge ever 12 months. I will respond within 60 days of your request

CONFIDENTIAL COMMUNICATIONS: To request a confidential communication, you must direct your request to the contact office listed at the bottom of this Notice.

RESTRICTIONS: You have the right to request that I restrict the use of disclosure of your PHI for treatment, payment or health care operation activities. You also have the right to request that I restrict disclosures to relatives, friends, or other individuals that may be involved in your care or payment for your health care. I am not required to agree with such a request for restriction. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.

RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV RELATED INFORMATION: This information may not be disclosed without your specific written permission, except as may be specifically required or permitted by Connecticut or federal law. The following are examples of disclosures that may be made without your specific written permission:

- **PSYCHIATRIC INFORMATION:** may be disclosed for purposes of treatment or payment.
- **HIV RELATED INFORMATION:** may be disclosed for purposes of treatment or payment.
- **SUBSTANCE ABUSE INFORMATION:** we may disclose information obtained from a substance abuse program in an emergency.

QUESTIONS: If you have questions or concerns about this notice or my privacy practices, please contact me via the phone number, address or email address provided at the bottom of this Notice.

COMPLAINTS: If you are concerned that I may have violated your privacy rights, you may file a complaint to me using the contact information listed at the bottom of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services, 200 Independence Ave. S.W. Washington, D.C. 20201. I support your right to the privacy of your protected health information and I will take no retaliatory action against you for filing a complaint.

CONTACT INFORMATION:

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BREACH ADDENDUM TO NOTICE OF PRIVACY PRACTICES

A. THIS NOTICE DESCRIBES WHAT I WILL DO IF I LEARN OF OR SUSPECT A BREACH OF YOUR PROTECTED HEALTH INFORMATION (PHI)

B. BACKGROUND:

In January 2013, the U.S. Department of Health and Human Services (HHS) issued a final rule implementing the Health Information Technology for Economic and Clinical Health (HITECH) Act modification to the Privacy Rule and other rules under the Health Insurance Portability and Accountability Act (HIPAA). This act added a requirement that I must give notice to you and to HHS if I discover that “unsecured” Protected Health Information (PHI) has been breached. A “breach” is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Act. An example of a breach is stolen or improperly accessed PHI.

C. WHAT I WILL DO IF I BECOME AWARE OR SUSPECT A BREACH:

1. **Risk Assessment:** If I become aware or suspect a breach as defined above, I will conduct a Risk Assessment. This risk assessment considers the following four factors to determine if PHI has been compromised:
 - a. ***The nature and extent of PHI involved.*** For example, does the breached PHI provide your name or other information enabling an unauthorized user to determine your identity?
 - b. ***To whom the PHI may have been disclosed.*** This refers to the unauthorized person who used the PHI or to whom the disclosure was made. For example, was this person an outside thief or hacker, or a knowledgeable insider who inappropriately accessed your records.
 - c. ***Whether the PHI was actually acquired or viewed.***
 - d. ***The extent to which the risk to the PHI has been mitigated.***

I am required to keep a written record of the Risk Assessment.

2. **Giving You Notice:** Unless I determine that there is a low probability that PHI has been compromised I will give you notice of the breach without unreasonable delay and within 60 days of the discovery. This notice will include:
 - a. A brief description of the breach, including dates.
 - b. A description of the types of unsecured PHI involved.
 - c. The steps you should take to protect against potential harm.
 - d. A brief description of steps I have taken to investigate the incident, mitigate harm, and protect against further breaches.
 - e. My contact information.
3. **Giving HHS Notice:** I am required to keep a log of breaches during the calendar year and to provide notice to HHS of all breaches within 60 days after the year ends.

4. **Breaches Involving Business Associates:** A “business associate” is an organization or person outside of my practice to whom I send, or with whom I share PHI so that they can provide service to me or on my behalf. For example, I have business associate relationships with the provider of my secure email and the company that provides my electronic medical records system and cloud storage of such data. These business associates are also required to comply with applicable HIPAA provisions and have signed a contract with me stating their compliance. If business associates are involved in a breach, they must notify me of it. It is then my duty to provide notice to you and HHS of these breaches as explained above.
5. **Post-Breach Assessment.** After any breach, particularly one that requires notice, I will re-assess my privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.