

Ashley Hady LLC

Notice of Privacy Practices

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

I. Your Health Information Uses and Disclosures for Treatment, Payment, and Health Care Operations

Each time you visit Ashley Hady LLC for mental health care, a record of your treatment is made. This record contains such information as registration information, including identification and billing information, and treatment information, including symptoms, diagnoses, test results, and treatment plans. This record is referred to as your “medical record” or “health information,” and includes both written and electronic records.

Under the Health Insurance Portability and Accountability Act of 1996 (a Federal Law also known as “HIPAA”), Ashley Hady LLC staff are required to keep your information confidential and to provide you with notice of our legal responsibilities and privacy practices.

Here are some definitions of commonly used terms:

“PHI” refers to *protected health information*, information in your health record that could identify you.

- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is the provision, coordination or management of your health care and other services related to your health care.
 - *Payment* is when reimbursement is obtained for your healthcare.
 - *Health Care Operations* are activities that relate to the performance and operation of Ashley Hady LLC.
- “*Use*” applies to activities within Ashley Hady LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Your health care information is used:
 - To plan for your care and treatment,
 - For communication among your health care professionals,
 - As a legal document describing the care you received,
 - As a way for you or your insurance company to verify the services provide,
 - For other similar activities that allow Ashley Hady LLC staff to operate efficiently and provide you with quality care.
- “*Disclosure*” applies to activities outside of Ashley Hady LLC such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Your clinician may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when information is sought for purposes outside of treatment, payment and health care operations, an authorization will also be requested from you before releasing this information. An authorization will also be requested from you before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes made about conversations during an individual, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Ashley Hady LLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insured the right to contest the claim under the policy.

III. Uses and Disclosures Requiring Neither Consent nor Authorization

Your PHI may be released without your consent or authorization in the following circumstances:

- **Treatment:** Ashley Hady LLC providers may disclose your health information by phone, letter, fax, or computer to people not affiliated with Ashley Hady LLC who are involved in your medical care, such as your primary physician or a home health agency. An example of treatment would be when your clinician consults with another health care provider, such as your family physician or another clinician.
- **Payment:** Ashley Hady LLC may need to give your health insurance plan information about your treatment in order to receive payment. Ashley Hady LLC may also tell your health insurance plan about treatment to obtain approval or to determine whether your plan will pay for treatment. Ashley Hady LLC may bill the person in your family who is responsible for payment of who pays for your health insurance.
- **Health Care Operations:** Ashley Hady LLC may use your health information for administrative activities, or for accreditation, certification, or licensing purposes. Your health information may be used to review the performance of Ashley Hady LLC providers involved in your care. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Health Oversight:** Ashley Hady LLC providers may disclose health information to agencies that monitor our compliance with state and federal law.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding, a lawsuit, or dispute, Ashley Hady LLC providers may disclose health information about you in response to a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance, if this is the case.
- **Appointment Reminders/ Additional Communications:** Ashley Hady LLC providers may use your health information to call you or send you a letter reminding you of an upcoming appointment. Ashley Hady LLC may also use your information to call or give you other health communications.
- **Child Abuse:** If there is reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected or have reason to believe that a child seen in the course of professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, Ashley Hady LLC clinicians must report this to the relevant county department, child welfare agency, police, or sheriff's department. Investigations by relevant county department, child welfare agencies, police or sheriff's department may result in request for treatment records and subsequent disclosure of PHI, including progress notes, to any agency investigating child abuse/neglect.
- **Elder Abuse:** If your clinician believes that an elder person has been abused or neglected, such information may be reported to the relevant county department or state official of the long-term care ombudsman.
- **Serious Threat to Health or Safety:** Ashley Hady LLC may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of others. Ashley Hady LLC clinicians must warn the third party and/or take steps to protect you, which may include instituting commitment proceedings.
- **Workers Compensation:** If you file a worker's compensation claim, your records relevant to that claim to your employer or its insurer may be required to be released and your clinician(s) may be required to testify.

IV. Clients Rights and Duties of Ashley Hady LLC Providers

Clients Rights:

- ***Right to an Accounting of Disclosure***- You generally have the right to receive an accounting of disclosures of PHI. This list will not include: Disclosures made to carry out treatment, payment and health care operations; Disclosures made to you; Disclosures made with your authorization; Disclosures made seven years or more before the date your request is received. To request an accounting of disclosures, make your request in writing to Ashley Hady LLC.
- ***Right to a paper copy***- You have the right to obtain a paper copy of the most current Notices or Privacy Practices upon request within a reasonable amount of time, even if you have agreed to receive the notice electronically.

Ashley Hady LLC's Duties:

- Treatment providers are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Ashley Hady LLC reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, Ashley Hady LLC Providers are required to abide by the terms currently in effect.

If policies and procedures are modified, you will be informed and provided a copy of the new practices if you request.

V. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on August 15, 2018.

Ashley Hady LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI maintained and will provide you with a revised notice when changes are made.

VI. Contact and Complaint Information

Complaints: If you are concerned that privacy rights have been violated, or if you disagree with a decision made about access to your records, you may contact Ashley Hady MSW/LCSW and discuss your concerns. If you are not satisfied with the outcome, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, D.C. 20201, by calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. If you file a complaint, you will not be punished, threatened, harassed, retaliated against, or subjected in any way to any negative consequences.

Contact Information: If you have any questions or concerns regarding the information in this notice please contact: Ashley Hady LLC, 1126 Wisconsin Avenue, Boscobel, WI 53805.