
**HIPAA Notice of Privacy Practices
for Debbie Ennis, LICSW
P.O. Box 53, Barre, MA 01005 (978) 257-8062**

This notice describes how care and service information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

It is available on my website www.DebbieEnnis.com.

Effective date 6/29/17

Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have any questions about how your Protected Health Information (PHI) is used, please contact me, Debbie Ennis. I understand that care and service information about you is personal. I am committed to protecting your personal information. I will create a record of the services you receive from me. I will use this record to provide you with quality care, and to comply with certain legal requirements. This notice will explain how I may use and disclose your care and service information.

I am required by law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website. *My website will always have the most recent version.*

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Written Consent.

I can use and disclose your PHI without your Authorization for the following reasons:

1. **Treatment:** I may use or disclose your care and service information to provide, coordinate or manage your care. *Ex:* I may disclose your care and service information to a service provider to whom you have been referred to ensure continuity of care.
2. **Payment:** I may use or disclose your care and service information, as needed, to obtain payment for your services. For *ex:* I might send your PHI to your insurance company to get paid for the health care services that I have provided to you.
3. **Appointments:** I may use or disclose your care and service information to contact you as a reminder that you have an appointment. (Unless you have written otherwise.)
4. **For health care operations.** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For *ex:* I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

B. Certain Uses and Disclosures Requiring Your Authorization.

1. **Psychotherapy Notes.** I do not keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501; rather, I keep a record of your treatment and you may request a copy of such record at any time, or you may request that I prepare a summary of your treatment. There may be reasonable, cost-based fees involved with copying the record or preparing the summary.

2. **Marketing Purposes.** As a social worker, I will not use or disclose your PHI for marketing purposes. Marketing is defined as receiving financial remuneration for communicating about other businesses' health-related services or products to patients.
3. **Sale of PHI.** As a social worker, I will not sell your PHI in the regular course of my business.

C. Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations mandated by law, I can use and disclose your PHI without your Authorization for the following reasons:

1. **As Required By Law:** I may be required by federal, state or local law to disclose your information. Some examples include suspected abuse, suspected criminal activity or response to a court order
2. **Workers Compensation:** I may release care and service information about you for workers compensation or similar program.
3. **Public Health:** I may disclose your care and service information for public health activities. The disclosure will be made for the purpose of controlling and/or limiting the spread of disease, injury or disability; to report reactions to medications or problems with products; to notify a patient of recalls on products they are using.
4. **To Avert a Serious Threat to Health or Safety:** I may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
5. **Law Enforcement:** I may release your care and service if asked to do so by law enforcement officials in response to a court order, subpoena, summons or similar process, as covered by federal or state law.
6. **Coroners, Funeral Directors and Organ Donation:** To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. **Inmates / Military & Veterans/ National Security:** Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
8. **Emergencies:** I may use or disclose your information in an emergency treatment situation.

B. Other uses and Disclosures

For all other circumstances, I may only use or disclose your care and service information after you have signed a release. If you authorize me to use or disclose your care and service information for another purpose, you may revoke your request in writing at any time. In all reasonable cases, you will be notified when and if your healthcare and service information is being disclosed.

C. Your Rights

You have the following rights regarding your care and service information.

1. **The right to inspect and copy your information.** Other than "psychotherapy notes," you have the right to get a paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a

summary of it, within 30 days of receiving your written request. I will charge a reasonable, cost based fee for doing so.

- 2. The right to request amendments to incorrect or incomplete information**
Requests for amendments *must be in writing*, must provide a reason to support the request and must have supporting documentation. I may deny your request if it is not in writing, the information specified was not originally created by me, the information specified is accurate and complete in my professional judgment, or if you don't supply supporting documentation. I will respond to your request within 30 days.
- 3. The right to request restrictions on how I use and disclose your care and service information.** Requests for restrictions must be in writing, describe what information you wish to limit and to whom the limit applies. For ex: you may request that I limit disclosures to a particular family member. I will balance your request against the goal of providing you with quality treatment and ensuring your health and safety. I am not required to comply with your request for such restrictions if I believe it is in your best interest to use and disclose of your information.
- 4. The right to request confidential communications.** You have the right to request that I communicate with you in a certain way or certain location. For ex: you can request that I only contact you at work or by mail. I will accommodate all reasonable requests. You must make this request in writing.
- 5. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- 6. You have the right to obtain a paper copy of this notice from us.**

D. Changes to This Notice

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for medical information I already have about you, as well as any information I receive in the future. I will supply the new notice to all active clients.

E. How to Complain About My Privacy Practices

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice. My address and telephone number are at the beginning of this document. While that may be awkward for you, my hope is that you at least attempt to discuss your concerns with me so I at least know you have a concern.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate against you if you file a complaint about my privacy practices.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on June 29, 2017. The latest version was effective on the date noted at the beginning of this document