Edgewood Therapy PLLC Notice of Privacy Practices

Edgewood Therapy PLLC
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EFFECTIVE DATE: This notice went into effect on: June 17, 2025. It updated the previous versions of this notice, which were dated April 5, 2025 and July 10, 2023.

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting all health information about you that is shared with me. I create a record of the care and services you receive from me. I need to maintain this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health practice. This notice tells you about the ways in which I may use and disclose health information about you. It also describes your rights to the health information I keep about you and describes certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private and confidential.

- Give you this notice of my legal duties and privacy practices with respect to health information.

- Follow the terms of this notice that is currently in effect.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For most situations, I can only release information about your treatment if you sign a written authorization form (a release of information document available through the client portal) that meets certain legal requirements imposed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These situations require that you provide written, advance consent, which you can revoke at any time.

However, below are the ways I am permitted or required to use or disclose your health information without your consent or authorization:

1. If I believe it necessary to seek consultation with other medical and/or mental health providers for treatment purposes. I try my best to limit these disclosures for treatment purposes to the minimum necessary standard, which means I do not reveal any personally identifiable information. The other professionals I may consult with are also legally bound to keep this information confidential.

2. If a client is involved in a lawsuit or any other court proceeding, I may disclose health information in response to a court order concerning my professional services. I may also disclose health information about a client's child in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute. However, I will not provide any of this privileged information without your written authorization or a court order. If you are involved in or are contemplating litigation, I recommend consulting with your attorney to determine whether a court would be likely to order me to disclose such information.

3. If a government agency is requesting information for health oversight activities, such as an audit or investigation, I may be required to provide it for them.

4. If a client requires certain information be disclosed to a health insurance company for reimbursement purposes.

5. If a client files a complaint or lawsuit against me, I may disclose relevant information in order to defend myself.

6. If a client files a workers' compensation claim, and I am providing treatment related to that claim. Although my preference is to obtain an authorization from you, I may be required to provide your health information, including copies of all psychological reports and bills, in order to comply with workers' compensation laws.

7. If I have reasonable cause to believe that a child has been physically abused, sexually abused, or otherwise subjected to maltreatment, I am required by law to file a report with the appropriate governmental agency, usually the Department of Family and Children's Services for the jurisdiction where the suspected abuse or neglect occurred. This may also apply to abuse or neglect that has taken place in the past, even if the victim is now an adult. Once such a report is filed, I may be required to provide additional information.

8. If I have reasonable cause to believe that a person with a disability or elderly person has had a physical injury or injuries inflicted upon them other than by accidental means, or has been neglected or otherwise subjected to maltreatment, I must report this to the appropriate governmental agency, usually the Adult Protective Services program. This may also apply to abuse or neglect that has taken place in the past. Once such a report is filed, I may be required to provide additional information.

9. If I determine that a client presents a serious threat of violence to a specifically identified individual, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.

10. If I determine that a client presents a serious risk of harming himself/herself/themselves, I may be required to take protective actions. These actions may include contacting the police and/or seeking hospitalization for the client.

III. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operation purposes. I am not required to agree to your request, and I may say "no" if any of the above stipulations apply.

2. You have the right to choose how I send PHI to you. You may ask me to contact you in a specific way (for example, cell or home phone) or to send mail or email to a different address, and I will agree to all reasonable requests.

3. You have the right to request copies of your PHI. You can request an electronic or 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, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.

4. You have the right to request a list of instances in which I have disclosed your PHI. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last year unless you request a shorter time. I will provide the list to you at no charge.

5. You have the right to correct or update your PHI, if you believe that there is a mistake or a piece of important information missing from your record. You may request that I correct the existing information or add the missing information. I may "say no" to your request, but I will tell you why in writing within 60 days of receiving your request.

6. You have the right to receive a paper copy of this Notice of Privacy Practices, and you have the right to get a copy of this notice by email.