



Omaha Psychotherapy

6910 Pacific Street, suite 320
Omaha, NE 68106

(402) 715-9710
omahapsychotherapy.com

Notice of Privacy Practices

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

Your health record contains personal information about you and your health. This information about you (that may identify you and that relates to your past, present or future physical or mental health and related health care services) is referred to as Protected Health Information (PHI). This Notice of Privacy Practices (Notice) describes how we may use and disclose your PHI in accordance with applicable law and the *NASW Code of Ethics*. It also describes your rights to gain access to and control your PHI.

Omaha Psychotherapy is required by law to maintain the privacy of your PHI and to provide you with this Notice. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice at any time, and any new Notice will be effective for all PHI we maintain at that time. We will provide you with a copy of the revised Notice by posting a copy on my website, mailing a copy to you upon request or providing one to you at your next appointment. The current date of this Notice is noted at the bottom of the document.

How We May Use and Disclose Health Information About You

For Treatment Your PHI may be used and disclosed by those who are involved in your care in order to provide, coordinate, or manage your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Your therapist may disclose PHI to any other consultant only with your authorization. We may also contact you to remind you of your appointments or to provide you with other information related to your care.

For Payment We may use and disclose your PHI so that we can receive payment for the services provided to you. This will only be done with your authorization. Examples of payment-related activities are: determining eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to determine medical necessity, or undertaking utilization reviews. If it becomes necessary to use collection processes to address lack of payment for services, we will only disclose the minimum amount of PHI necessary for the purposes of the collection of our fees.

For Health Care Operations We may use or disclose your PHI as needed in order to support our business activities including, but not limited to, quality assessment activities, employee reviews, licensing, and conducting or arranging for other business activities. For example, Omaha Psychotherapy may share your PHI with third parties that perform billing or typing services for me, provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.



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Required by Law Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization Applicable law and ethical standards permit Omaha Psychotherapy to disclose information about you without your authorization only in a limited number of situations. As mental health practitioners licensed in this state and as a member of the National Association of Social Workers (NASW), it is this office's practice to adhere to stringent privacy requirements for disclosures without your authorization. Following is a list of the categories of uses and disclosures permitted by the Health Insurance Portability and Accountability Act (HIPAA) without authorization. The following language addresses these categories in a manner consistent with the *NASW Code of Ethics* and HIPAA.

- **Child Abuse or Neglect.** We may disclose your PHI to a state or local agency authorized by law to receive reports of child abuse or neglect.
- **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- **Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law.
- **Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. We will try to provide you a copy of this notice as soon as reasonably possible after the resolution of the emergency.
- **Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- **Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies, organizations that provide financial assistance to the office (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.
- **Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.



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- **Specialized Government Functions.** We may review requests from U.S. military command authorities (if you have served as a member of the armed forces), authorized officials (for national security and intelligence reasons) and to the Department of State (for medical suitability determinations), and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
- **Public Health.** If required, we may use or disclose your PHI for mandatory public health activities (for example, to a public health authority authorized to collect or receive such information in order to prevent or control disease, injury, or disability, or, if directed by a public health authority, to a government agency collaborating with that public health authority).
- **Legal Charges.** We may disclose your PHI as necessary to address charges brought against this office.
- **Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed for this reason it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the reasonably identifiable target of the threat.
- **Research.** PHI may only be disclosed for this purpose after a special approval process.
- **Verbal Permission.** With your verbal permission, we may use or disclose your PHI to family members directly involved in your treatment.
- **With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Omaha Psychotherapy, 6910 Pacific Street, suite 320, Omaha, NE 68106.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. You may be charged a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.
- **Right to Amend.** If you feel the PHI we have about you is incorrect or incomplete, you may ask to amend the information, although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement. We may prepare a rebuttal to your statement and will provide you with a



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copy.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we may make of your PHI. You may be charged a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service you paid for out of pocket. In that case, we are required to honor your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

Complaints

If you believe Omaha Psychotherapy, or any of the therapists or staff associated with the organization have violated your privacy rights, you have the right to file a complaint in writing with Hannah Mirmiran, LICSW, 6910 Pacific Street, suite 320, Omaha, NE 68106, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202-619-0257. **Omaha Psychotherapy will not retaliate against you for filing a complaint.**

The effective date of this Notice of Privacy Practices is January 1, 2016.