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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

Christine Elaine Schaetzl LCSW PLLC (the "Practice") is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 21, 2022

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. THE PRACTICE'S PLEDGE REGARDING HEALTH INFORMATION:

The practice understands that health information about you and your health care is personal. The practice is committed to protecting health information about you. The practice creates a record of the care and services you receive. The practice needs 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 care practice. This notice will tell you about the ways in which the practice may use and disclose health information about you. The practice also describes your rights to the health information the practice keeps about you, and describes certain obligations the practice has regarding the use and disclosure of your health information.

The practice is required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of the practice's legal duties and privacy practices with respect to

health information.

- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website <http://www.ChrisSchaetzl.com>.
- The Practice will inform you if PHI is compromised in a breach.

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

The following categories describe different ways that the Practice will use and disclose health information. For each category of uses or disclosures the Practice will explain what the Practice means. Not every use or disclosure in a category will be listed. However, all of the ways the Practice is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations:

Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. The Practice may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. The Practice may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes:

If you are involved in a lawsuit, the Practice may disclose health information in response to a court or administrative order. The Practice may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1) Psychotherapy Notes. The Practice may keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a) For the Practice’s use in treating you.
- b) For the Practice’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c) For the Practice’s use in defending myself in legal proceedings instituted by you.
- d) For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
- e) Required by law and the use or disclosure is limited to the requirements of such law.
- f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g) Required by a coroner who is performing duties authorized by law.
- h) Required to help avert a serious threat to the health and safety of others.

2) Marketing Purposes. The Practice will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if the Practice requests a review from you and plans to share the review publicly online or elsewhere to advertise our services or the practice, the Practice will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered “PHI,” the Practice will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, the Practice will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to the Practice via the email address the Practice keeps on file or via certified mail to the Practice’s address. Once the Practice has received your written withdrawal of consent, the Practice will remove your review from the Practice’s website and from any other places where the Practice has posted it. The Practice cannot guarantee that others who may have copied your review from the Practice’s website or from other locations will also remove the review. This is a risk that the Practice wants you to be aware of, should you give the Practice permission to post your review.

3) To opt out of receiving fundraising communications. The Practice may contact you for fundraising efforts, but you can ask not to be contacted again.

4) Sale of PHI. The Practice will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Routine Uses and Disclosures of PHI

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or

shares your health information in the following ways:

- 1) Appointment reminders and health related benefits or services. The Practice may use and disclose your PHI to contact you to remind you that you have an appointment. The Practice may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that the Practice offers.
- 2) To bill for your services. The Practice can use and share PHI to bill and get payment from health plans or other entities.
- 3) When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- 4) For public health activities, including reporting suspected child, elder, or dependent adult abuse, domestic violence, or preventing or reducing a serious imminent threat to anyone's health or safety.
- 5) Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- 6) For health oversight activities, including audits and investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- 7) Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- 8) For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, discovery request, although the Practice's preference is to obtain an Authorization from you before doing so if we are so allowed by the court or administrative officials.
- 9) Required by law: If required by federal, state or local law. For law enforcement purposes, including reporting crimes occurring on the Practice's premises. For law to locate and identify you or disclose information about a victim of a crime.
- 10) Coroners, Funeral Directors, and or Medical Directors: To perform their legally authorized duties.
- 11) For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition. For research that has been approved by an institutional review board.

12) Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; other authorized persons or foreign heads of state; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions. For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance. For purpose of determining your own security clearance and other national security activities authorized by law.

13) Inmates: The Practice created or received your PHI in the course of providing care.

14) For workers' compensation purposes. Although the Practice's preference is to obtain an Authorization from you, the Practice may provide your PHI in order to comply with workers' compensation laws or support claims.

15) For organ and tissue donation or transplantation requests.

16) Business Associates: To organizations that perform functions, activities or services on our behalf.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell the Practice that we may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share you information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

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

1) The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask the Practice not to use or disclose certain PHI for treatment, payment, or health care operations purposes. The Practice is not required to agree to your request, and the Practice may say "no" if the Practice believes it would affect your health care.

2) The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure 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.

3) The Right to Choose How the Practice Sends PHI to You. You have the right to ask the Practice to contact you in a specific way (for example: home or office phone) or to

send mail to a different address, and the Practice will agree to all reasonable requests.

4) The Right to Inspect and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that the Practice has about you. Ask the Practice how to do this. The Practice will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. The Practice may charge a reasonable cost-based fee for doing so. The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed. Please note that if you are provided with a summary or a copy of your records it is strongly encouraged that you keep this information in a secure location.

5) The Right to ask for a list, called an "accounting", of the times your health information has been shared for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). The list the Practice will give you will include disclosures made in the last six years unless you request a shorter time. The Practice will respond to your request for an accounting of disclosures within 60 days of receiving your request. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable cost-based fee for each additional request if you ask for one more frequently.

6) The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that the Practice corrects the existing information or add the missing information. The Practice may require you to make your request in writing and provide a reason for the request. The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement within 60 days.

7) The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get both a paper copy and an emailed copy of this Notice.

8) The Right to ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

9) The Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.

10) The Right to Revoke an Authorization.

11) The Right to opt out of Communications and Fundraising from our Organization.

12) The Right to File a Complaint. You can file a complaint if you feel the Practice has

violated your rights by contacting us using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. The Practice will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

The Practice can change the terms of this Notice, and such changes will apply to all the information the Practice has about you. The new Notice will be available upon request, in both the Practice's office and on the practice's website.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.