



Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, to be kept confidential. This federal law gives you, the client, the right to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

This notice describes how protected health information about you may be used and disclosed and how you can get access to it.

Protected Health Information

Protected health information is information created or received by a health care provider, health plan, employer, or other health care organizations.

Protected health information can include demographic and medical information that concerns the past, present, or future physical or mental health of an individual.

Protected health information contains specific information that identifies an individual or can be used to identify an individual.

Client Acknowledgement

Please initial each line as an acknowledgment that you have read and understand the following privacy practices.

- Your mental health records are used to provide treatment, bill and receive payments, and conduct licensed clinical social work operations.
 - Examples of these activities include, but are not limited to, review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, text messaging, or email, and records review to ensure completeness and quality of care.
 - Use and disclosure of mental health records is limited to the internal use outlined above, except required by law or authorized

by the patient or legal representative.

- _ Federal and State laws require abuse, neglect, domestic violence, and threats to be reported to social services or other protective agencies. If such reports are made, they will be disclosed to you or your legal representative unless disclosure increases the risk of further harm.
- _ Disclosed information will be limited to the minimum necessary.
 - o You may request an account (SimplePractice) for any uses or disclosures other than those described above.
- _ You, or your legal representative, may request your records to be disclosed to yourself or any other entity.
 - o Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want to be disclosed, the name and address of the entity you want the information released to, the purpose, and the expiration date of the authorization.
 - o Any authorization provided may be revoked in writing at any time.
 - o Psychotherapy notes are part of your mental health records. Just Be Rooted has 15 days to respond to a disclosure request.
- _ You may request corrections to your records.
- _ A request for disclosure may be denied under the following circumstances:
 - o Disclosure would likely endanger the life or physical safety of you or another person
 - o The requested information references other persons, except another healthcare provider
 - o If released to a legal representative would likely result in harm.
- _ If a request for disclosure is denied for reasons outlined in Section 6, you or your legal representative may request a review of the denial.
 - o A review will be conducted by another licensed healthcare provider appointed by the original reviewer, who was not involved in the original decision to deny access.
 - o A review will be concluded within 30 days.
- _ You may request that we restrict the uses and disclosures outlined in Section 1. However, we are not required to agree to the restrictions. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or your legal representative in

writing except when disclosure is required by law or in an emergency.

- We may also revoke such restrictions regarding information gathered as required by law or in an emergency.
- We may also revoke such restrictions, but information gathered while the restriction was in place will remain restricted by such an agreement.
- If you wish to complain about privacy-related issues you may contact the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington DC, 20201.
 - In any case, there will not be any retaliation against you or your legal representative for filing a complaint.
- This agreement may be modified or amended as required by law or in the course of health care operations.

Client Signature

I, _____ have read and understood this privacy notice and my rights concerning use and disclosure of protected health information.

* Client Signature

*Date:

Legal Guardian/Representative Name (if applicable)

Legal Guardian/Representative Signature (if applicable)

Date