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## **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 IT CAREFULLY.**

### **I. YOUR PROTECTED HEALTH INFORMATION**

Health care providers and health plans are required by the federal privacy rule to maintain the privacy of personal health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. This notice is applicable to the above referenced healthcare provider. The Provider is required to abide by the terms of the Notice that is currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical records, billing or requests for payment or coverage from providers, and our payment records containing your medical information are examples of information that usually will be regarded as your protected health information.

### **II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

#### **A. Treatment, Payment and Health Care Operations**

This section describes how the Provider may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

1. **Treatment.** The Provider may use and disclose your protected health information for the treatment purposes of providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- The Provider may share and discuss your medical information with an outside physician or other professional treatment provider to whom the Provider has referred you for care.
- The Provider may share and discuss your medical information with an outside physician or other professional treatment provider with whom the Provider is consulting regarding you.
- The Provider may share and discuss your medical information with an outside laboratory, radiology center, psychological facility, or other health care facility or agency where the Provider has referred you for testing.
- The Provider may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to which/whom the Provider has referred you for health care services and products.

2. **Payment.** The Provider may use and disclose your protected health information to pay for and obtain contribution for payment from, or to assist you in obtaining payment from, third parties that may be responsible for payment for care provided to you. Some examples of payment uses and disclosures include:

- Sharing information with our administrators, consultants and medical personnel to determine eligibility for coverage.
- Billing state or federal agencies or other insurers liable for reimbursable costs of special programs providing health care.
- Sharing information with health insurers to determine whether you are eligible for coverage under policies of applicable insurance, and to arrange for coordination of benefits.
- Submitting claims to health insurers with applicable coverage to obtain coverage or reimbursement to the Provider.
- Providing medical records and other documentation to consultants and medical personnel to determine the medical necessity of a health service.

3. **Health Care Operations.** The Provider may use and disclose your protected health information for Provider health care operation purposes as well as certain health care operations of other health care providers and health plans. Some examples of health care operation purposes include:

- Quality assessment and improvement activities.
- Reviewing the competence, qualifications, or performance of health care professionals.
- Health care fraud and abuse detection and compliance programs.
- Conducting other medical review, legal services, and auditing functions.
- Business planning and development activities, such as conducting cost management and planning related analyses.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of personal grievances.

## **B. Uses and Disclosures for Other Purposes**

The Provider may use and disclose your protected health information without authorization for other purposes. This section generally describes those purposes by category.

1. **Individuals Involved In Care or Payment for Care.** The Provider may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, family members, or friend.

2. **Notification Purposes.** The Provider may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a person representative, or another person responsible for your care, regarding your location, general condition, or death.

3. **Required by Law.** The Provider may use and disclose protected health information when required by federal, state, or local law. The Provider may disclose information about you to federal officials for intelligence, counter-intelligence, and other national security measures authorized by law.

4. **Public Health Activities.** The Provider may use and disclose protected health information for public health activities, including:

- FDA-related reports and disclosures, for example, adverse event reports.
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.
- Public health reporting, for example, communicable disease reports.
- Child abuse, neglect reports.

5. **Victims of Abuse, Neglect or Domestic Violence.** The Provider may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence in addition to child abuse.

6. **Health Oversight Activities.** The Provider may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, the Provider may comply with a Drug Enforcement Agency inspection of patient records.

7. **Judicial and Administrative Proceedings.** The Provider may use and disclose protected health information in judicial and administrative proceedings in response to a court order or subpoena, discovery request, or other lawful process.

8. **Law Enforcement Purposes.** The Provider may use and disclose protected health information for certain law enforcement purposes where required by law and legal process, but subject to certain limitations.

9. **Coroners and Medical Examiners.** The Provider may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or facilitating their performance of other duties required by law.

10. **Funeral Directors.** The Provider may use and disclose protected health information for purposes of providing information to a funeral director as necessary to carry out their duties.

11. **Organ and Tissue Donation.** For purposes of facilitating organ, eye and tissue donation and transplantation, the Provider may use protected health information and disclose protected health information to entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue.

12. **Threat to Public Safety.** The Provider may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal.

13. **Specialized Government Functions.** The Provider may use and disclose protected health information for purposes involving specialized government functions including:

- Military and veterans activities.
- National security, intelligence and counter intelligence.
- Protective services for the President and others.
- Medical suitability determinations for the Department of State.
- Correctional institutions and other law enforcement custodial situations.

14. **Workers' Compensation and Similar Programs.** The Provider may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

15. **Business Associates.** Certain functions of the Provider are performed by a business associate, such as a company performing claims processing, an accounting firm, or a law firm. The Provider may disclose protected health information to Provider business associates and allow them to create and receive protected health information on the Provider's behalf.

16. **Creation of De-identified Information.** The Provider may use protected health information about you in the process of de-identifying the information.

17. **Marketing Health Related Benefits and Services.** The Provider may contact you to provide information about treatment alternatives or other benefits and services the Provider thinks might interest you.

18. **Incidental Disclosures.** The Provider may disclose protected health information as a by-product of an otherwise permitted use or disclosure.

### **C. Uses and Disclosures with Authorization**

For all other purposes which do not fall under a category listed under sections II.A and II.B, the Provider will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that the Provider has relied on the authorization.

This section describes certain uses and disclosures of your protected health information that require your authorization.

1. **Marketing.** The Provider must obtain your authorization to use or disclose your protected health information for marketing, except when the communication is in the form of face-to-face communication from the Provider to yourself, or a promotional gift of nominal value provided by the Provider. An authorization from you for any marketing that involves financial remuneration to the Provider from a third party will state that such remuneration is involved.

2. **Sale of Protected Health Information.** The Provider must obtain your authorization to disclose your protected health information if such disclosure is a sale of your protected health information. Such an authorization must state that the sale will result in remuneration to the Provider.

3. **Psychotherapy Notes.** The Provider must obtain your authorization for any use or disclosure of psychotherapy notes, except: (1) use by the Provider for treatment; (2) use or disclosure by the Provider for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling; (3) use or disclosure by the Provider to defend itself in a legal action or other proceeding brought by yourself; (4) use or disclosure that is required by the Secretary; (5) use or disclosure that is required by law; (6) use or disclosure that is permitted for health oversight activities; (7) use or disclosure to a coroner or medical examiner; or (8) use or disclosure as permitted to avert a serious threat to the health or safety of a person or the public.

## **III. YOUR PRIVACY RIGHTS**

### **A. Further Restriction on Use or Disclosure**

You have a right to request that the Provider further restricts use and disclosure of your protected health information to carry out treatment, payment or health care operations, to someone who is involved in your care or the payment of your care, or for notification purposes. The Provider is not required to agree to a request for a further restriction.

To request a further restriction, you must submit a written request to the Provider's privacy officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

## **B. Confidential Communication**

You have a right to request that the Provider communicate your protected health information to you by a certain means or at a certain location if the disclosure of all or part of the protected health information could endanger you. For example, you might request that the Provider only contact you by mail or at work. The Provider is not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to the Provider's privacy officer. The request must tell us how or where you want to be contacted, and must clearly state that the disclosure of all or part of your protected health information to which your request pertains could endanger you.

## **C. Disclosure to Health Plans.**

You have the right to restrict disclosure of your protected health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid the Provider out-of-pocket in full.

## **D. Accounting of Disclosures**

You have a right to obtain, upon request, an "accounting" of certain disclosures of your protected health information by the Provider (or by a business associate for the Provider). This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances the Provider may charge you for providing the accounting. To request an accounting, you must submit a written request to the Provider's privacy officer. The request should designate the applicable time period.

## **E. Inspection and Copying**

You have a right to inspect and obtain a copy of your protected health information that the Provider maintains in a designed records set. This right is subject to limitations and the Provider may impose a charge for the labor and supplies involved in providing copies. If your protected health information is maintained in one or more designated record sets electronically, and if you request an electronic copy of such information, the Provider will provide an electronic copy of such information if it is readily producible in such form and format.

To exercise your right of access, you must submit a written request to the Provider's privacy officer. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of a copy, mailing of copy, (c) specify any requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

#### **F. Right to Amendment**

You have a right to request that the Provider amend protected health information that the Provider maintains about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to the Provider's privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

#### **G. Paper Copy of Privacy Notice**

You have a right to receive, upon request, a paper copy of the Provider's Notice of Privacy Practices. To obtain a paper copy, contact the Provider's privacy officer.

#### **H. Breach Notification**

You will receive notification of a breach of your unsecured protected health information, if such a breach occurs.

### **IV. CHANGES TO THIS NOTICE**

The Provider reserves the right to change this notice at any time. The Provider further reserves the right to make any change effective for all protected health information that the Provider maintains at the time of the change – including information that the Provider created or received prior to the effective date of the change.

The Provider will post a copy of the Provider's current Notice in a clear and prominent location at the service delivery site, and will have the Notice available at the service delivery site for individuals to request to take with them. At any time, you may review the current notice by contacting the Provider's privacy officer.

### **V. COMPLAINTS**

If you believe that the Provider has violated your privacy rights, you may submit a complaint to the Provider, or to the Secretary of Health and Human Services. To file a complaint with the Provider, submit the complaint in writing to the Provider's privacy officer. The Provider will not retaliate against you for filing a complaint.

### **VI. LEGAL EFFECT OF THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

### **VII. EFFECTIVE DATE**

This Notice is effective September 1, 2013.

## VIII. PRIVACY OFFICER

If you have any questions regarding this notice, you may contact the Provider's privacy officer at:

Address: Keri S. Cohen, LCSW  
PO Box 4064  
Lancaster, PA 17604  
ATTN: Privacy Officer