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## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

*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 health information about you. With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your psychotherapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission.

This notice applies to all of the records of your care generated by this practice. This notice will tell you about: the ways in which I may use and disclose health information about you; your rights to the health information I keep about you; and 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.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

### **II. USES AND DISCLOSURES WITHOUT YOUR CONSENT/AUTHORIZATION:**

- Treatment - I may use the information in your personal record to determine which treatment options best address your needs.
- Payment - In order for an insurance company to pay for your treatment, I must submit a bill that identifies you, your diagnosis, and the treatment provided to you.
- For Workers' Compensation - Although my preference is to obtain a Consent to Release Information from you, I may disclose PHI to the appropriate persons in order to comply with the laws related to workers' compensation.

- As Required by Law & To Avoid a Serious Threat to Health or Safety - I must report personal information that may include PHI to local, state or federal legal authorities, such as law enforcement officials, court officials, or government agencies in the case of: reporting suspected abuse or neglect (child, elder, or dependent adult); preventing or reducing a threat to your own health or safety; preventing or reducing a threat to another's/the public's health or safety (duty to warn); and reporting crimes occurring on my premises/in my presence. I may release PHI to the proper authorities if I believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.
- In Case of Emergencies- I may reach out by phone to the person identified as your "Emergency Contact" and share personal information if I believe, in good faith, that such release is necessary to ensure your medical or physical safety during or immediately following an appointment. This may be due to medical, physical, or emotional symptoms/issues present, reported, or observed during an appointment.
- For Health-Related Benefits or Services- I may note and disclose personal information to contact you to: remind you of an appointment, to share additional resources, and/or to inform you of treatment alternatives, services, or benefits available from me or other providers.
- Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, I may disclose PHI in response to a court or administrative order, subpoena or discovery request, if it has first given you notice of the order, subpoena or discovery request and an opportunity to quash it. I may disclose PHI in defending myself in legal proceedings initiated by you.
- For Health Oversight Activities - I may disclose PHI to authorities in the course of their audits or investigations.
- For Military, National Security, or Incarceration/Law Enforcement Custody - If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or are an inmate in a correctional institution, I may release PHI to the proper authorities.
- For Activities Related to Death - I may disclose PHI to coroners, medical examiners and funeral directors so they can carry out their duties in the case of your death.
- As Otherwise Permitted by Law

### **III. 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 me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe 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 disclosures 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 I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

4. The Right to See and Get Copies of Your PHI. You have the right to get 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 fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or for which you provided me with a Consent/Authorization. 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 six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable fee for each additional request.
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 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.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice and you have the right to get a copy of this Notice by e-mail.