



MANHATTAN MENTAL

HEALTH COUNSELING

THIS NOTICE OF PRIVACY PRACTICES (“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.

NOTICE OF PRIVACY PRACTICES

Your Protected Health Information

Your “protected Health Information” (“PHI” or “Health Information”) broadly includes any Health Information, oral, written or recorded, that is created or received by us, other healthcare providers, and health insurance companies or plans, that contains data, such as your name, address, social security or patient identification number, and other information, that could be used to identify you as the individual patient who is associated with that Health Information.

Your Rights

When it comes to your Health Information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an Electronic or Paper Copy of Your Medical Record

- You can ask to see or get an electronic or paper copy of your medical record and other Health Information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your Health Information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask Us to Correct Your Medical Record

- You can ask us to correct Health Information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request Confidential Communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask Us to Limit What We Use or Share

- You can ask us not to use or share certain Health Information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get A List of Those with Whom We’ve Shared Information

- You can ask for a list (“Accounting”) of the times we’ve shared your Health Information for 6 years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- We reserve the right to temporarily suspend your right to receive an Accounting of disclosures to health oversight agencies or law enforcement officials, as required by law.

Get A Copy of This Privacy Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 exercise your rights and make choices about your Health Information.
- We will make sure the person has this authority and can act for you before we take any action.

File A Complaint If You Feel Your Rights Are Violated

- You can complain if you feel we have violated your rights by contacting Steven Buchwald, our Privacy Officer by sending a letter to:
Manhattan Mental Health Counseling
Attention of Steven Buchwald, Privacy Officer
109 W. 38th Street, Suite 303
New York, New York 10018
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

We ask that you **exercise your rights in writing**. We offer forms and templates to help you exercise your privacy rights and to help us protect your Health Information. We will make these forms available to you upon your request.

Your Choices

For certain Health Information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In These Cases, You Have Both the Right and Choice to Tell Us To:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the Three Cases Listed Below, We Never Share Your Information Unless You Give Us Written Permission:

- Marketing purposes
- Sale of your Health Information
- Most sharing of Psychotherapy Notes

We do not plan to use your Health Information in marketing or fundraising or selling your Health Information.

Our Uses and Disclosures

How do we typically use or share your Health Information? We may use within our office, or disclose to those outside our office, your Health Information in order to provide you with the treatment you require or request, to collect payment for our services, and to conduct other related health care operations as follows:

Treat You

Treatment activities include: (a) use within our office by our professional staff for the provision, coordination, or management of your health care at our office; and (b) our contacting you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

Example: We use Health Information about you to manage your treatment and services.

Run Our Organization

We can use and share your Health Information to run our practice, improve your care, and contact you when necessary. Health care operations include: (a) use within our office for training of our professional staff and for internal quality control and auditing functions (b) use within our office for general administrative activities such as filing, typing, etc.; and (c) disclosures to our attorney, accountant, bookkeeper and similar consultants to our healthcare operations, provided that we shall have entered into Business Associate Agreements with such consultants for the protection of your Health Information.

Example: We use Health Information about you to manage your treatment and services.

Bill for Your Services

We can use and share your Health Information to bill and get payment from health plans or other entities. Payment activities include: (a) if you initially consent to treatment using the benefits of your contract with your health insurance plan, we will disclose to your health plans or plan administrators, or their appointed agents, Health Information for such plans or administrators to determine coverage, for their medical necessity reviews, for their appropriateness of care reviews, for their utilization review activities, and for adjudication of health benefit claims; (b) disclosures for billing for which we

may utilize the services of outside billing companies and claims processing companies with which we have Business Associate Agreements that protect the privacy of your Health Information; and (c) disclosures to attorneys, courts, collection agencies and consumer reporting agencies, of information as necessary for the collection of our unpaid fees, provided that we notify you in writing prior to our making collection efforts that require disclosure of your Health Information.

Example: We give information about you to your health insurance plan so it will pay for your services.

PLEASE NOTE THAT UNLESS YOU REQUEST OTHERWISE, AND WE AGREE TO YOUR REQUEST, WE WILL USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT ACTIVITIES, PAYMENT ACTIVITIES, AND HEALTHCARE OPERATIONS AS SPECIFIED ABOVE, WITHOUT WRITTEN AUTHORIZATION FROM YOU.

How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with Public Health and Safety Issues

We can share Health Information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do Research

- We can use or share your information for health research where your health information has been de-identified, that is no longer identifies you by name or any distinguishing marks, and cannot be associated with you.

Comply with The Law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to Organ and Tissue Donation Requests

- We can share Health Information about you with organ procurement organizations.

Address Workers’ Compensation, Law Enforcement, And Other Government Requests

We can use or share Health Information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law (including audits)
- For special government functions such as military, national security, and presidential protective services

Respond to Lawsuits and Legal Actions

- We can share Health Information about you in response to a court or administrative order, or in response to a subpoena.

Special Handling of Psychotherapy Notes

Psychotherapy Notes are defined as records of communications during individual or family counseling which may be maintained in addition to and separate from medical or healthcare records. Psychotherapy Notes are only released with your specific written authorization except in limited instances, *including*: (a) if you sue us or place a complaint, we may use Psychotherapy Notes in our defense; (b) to the United States Department of Health and Human Services in an investigation of our compliance with HIPAA; (c) to health oversight agencies for a lawful purpose related to oversight of our practice; and (d) to the extent necessary to protect you or others from a serious imminent risk of danger presented by you. Health insurers may not condition treatment, payment, enrollment, or eligibility for benefits on obtaining authorization to review, or on reviewing, Psychotherapy Notes.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected Health Information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices is effective as of:

November 24, 2014

The Notice of Privacy Practices was last revised on September 6, 2018.