Notice of Privacy Practices (HIPAA)

Practice Name: Nevaeh's Nest

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My Pledge Regarding Your Health Information

I understand that health information about you and your care is personal. I am committed to protecting your information while providing you with quality care. I create a record of the care and services you receive at Nevaeh's Nest, which helps me coordinate treatment, ensure quality, and meet legal requirements.

This Notice describes:

- How I may use and disclose your protected health information (PHI).
- Your rights regarding your PHI.
- My legal obligations regarding PHI.

I am required by law to:

- Make sure PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices.
- Follow the terms of this notice currently in effect.

I may update this Notice from time to time. The most current version will always be available in the office, on request, and on my website.

How I May Use and Disclose Your Health Information

1. For Treatment, Payment, or Health Care Operations

I may use or share your PHI without your written authorization to provide, coordinate, or manage your care. For example:

- Consulting with another licensed provider about your care.
- Referring you to a specialist or other provider.
- Reviewing your record to improve the quality of services provided.

Disclosures for treatment purposes are not limited to the "minimum necessary" standard, because therapists and other health care providers may need full information to provide quality care.

2. For Legal Situations (Lawsuits and Disputes)

I may disclose PHI if required by a court or administrative order. For example, if you are involved in a legal proceeding, I may need to provide records about your care in response to a subpoena or discovery request. Efforts will be made to notify you or protect your information whenever possible.

3. Psychotherapy Notes

Psychotherapy notes are kept separate from your general health record. Any use or disclosure of these notes requires your written authorization unless:

- I use them for treating you.
- I use them in supervision or training of mental health professionals.
- They are needed for legal defense.
- Required by law to prevent a serious threat to health or safety, or as required for health oversight activities.

4. Marketing and Sale of PHI

I will not use your PHI for marketing purposes or sell it under any circumstances.

5. Certain Uses Without Authorization

Subject to legal limits, I may disclose PHI without your written permission for:

- Reporting abuse, neglect, or threats to health and safety.
- Health oversight activities (audits or investigations).
- Judicial or administrative proceedings (preferably with authorization).
- Law enforcement purposes, when required.
- Coroners or medical examiners, when required by law.
- Research purposes under certain conditions.
- Specialized government functions (military, intelligence, correctional facilities).
- Workers' compensation compliance.
- Appointment reminders or information about treatment alternatives, health services, or benefits you may find useful.

6. Disclosures to Family, Friends, or Others

With your consent, I may share PHI with family, friends, or others involved in your care. In emergencies, consent may be obtained retroactively.

Your Rights Regarding Your PHI

You have the right to:

- Request Limits: Ask that I limit how PHI is used or disclosed for treatment, payment, or health care operations. I may say no if it affects your care.
- Restrictions for Out-of-Pocket Payments: Request restrictions if you pay for services fully out-of-pocket.

- Choose How I Contact You: Request that I contact you by specific methods or at a specific location.
- Access Your PHI: Request electronic or paper copies of your record (except psychotherapy notes). Records will be provided within 30 days of a written request; reasonable fees may apply.
- Get a List of Disclosures: Request a list of times PHI was disclosed for purposes other than treatment, payment, or health care operations. I will respond within 60 days.
- Correct or Update Your PHI: Request corrections or additions; I will respond in writing within 60 days.
- Receive This Notice: Request a paper or electronic copy at any time, even if previously received by email.

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 checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.