

AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, AS AMENDED BY THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT ("HITECH"), ENACTED AS PART OF THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (COLLECTIVELY REFERRED TO AS "HIPAA"), THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

This Notice of Privacy Practices describes how Hillary Stevens, LCSW PLLC ("Provider") may use and disclose your "protected health information" (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected health information" or "PHI" is

information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I understand that health information about you and your health care is personal. Hillary Stevens, LCSW PLLC is committed to protecting health information about you. Provider will create a record of the care and services you receive from Hillary Stevens, LCSW PLLC. Provider needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Hillary Stevens, LCSW PLLC, their employees, agents, contractors and assigns. This notice will tell you about the ways in which Provider may use and disclose health information about you. This notice also describes your rights to the health information gathered about you, and describes certain obligations Provider has regarding the use and disclosure of your health information. Provider is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of the Provider's legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Provider can change the terms of this Notice, and such changes will apply to all gathered or stored protected health information about you. The new Notice will be available upon request, in Provider's office and website.

II. HOW PROVIDER MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that Hillary Stevens, LCSW PLLC uses and discloses health information. Below are examples of the categories of uses and disclosures. Not every use or disclosure in a category will be listed. However, all of the ways Provider is permitted to use and disclose information will fall within one of these categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Health care providers may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care

provider about your condition, they would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, the Provider may disclose health information in response to a court or administrative order. Provider may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Effort will be made to inform you of such a request so that you may obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. Provider does keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For Provider's use in treating you.
- b. For Provider's use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For Provider's use in defending Hillary Stevens, LCSW PLLC, their directors, owners, managers, employees, contractors and assigns in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate Provider's compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. Provider will not use or disclose your Private Health Information for marketing purposes.

3. Sale of (Private Health Information) PHI. Provider will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Provider can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order.

5. For law enforcement purposes, including reporting crimes occurring on Provider's premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes.
10. Appointment reminders and health related benefits or services. Provider may use and disclose your PHI to contact you to remind you that you have an appointment. Provider may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that the Provider offers.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. Provider may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Any person to whom you have given a valid health care power of attorney in accordance with the terms of such health care power of attorney.

To any person or entity you have authorized us to disclose your PHI. If you desire to authorize someone to receive your PHI, please ask us for an authorization form which you must complete, execute and return to us.

VI. 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 Provider not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Provider is not required to agree to your request, and may say "no" if Provider believes 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 Provider Sends PHI to You. You have the right to ask Hillary Stevens, LCSW PLLC to contact you in a specific way (for example, home or office phone), designated email address or to send mail to a different address.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that Provider has about you. Provider will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 60 days of receiving your written request, and Provider may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures Provider has Made. You have the right to request a list of instances in which Provider has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Provider with an Authorization. Provider will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list you will receive will include disclosures made in the last six years unless you request a shorter time. The first list will be provided to you at no charge, but if you make more than one request in the same year, there will be a reasonable cost-based 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 correction of the existing information or addition of the missing information. If the request is denied, then a reason for the denial will be provided 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. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

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.