

Robin Adler, MSW, LCSW-R

Psychotherapist

New York State License #079003

Notice of Privacy Practices (NPP)

This notice describes how medical information about you may be used and disclosed as well as how you can access this information. Please review this document carefully and feel free to ask me any questions about this information.

What is a Notice of Privacy Practices (NPP)?

State and Federal laws require that I provide you with this Notice which is intended to help you make informed choices as you begin psychotherapy. This document provides information about your legal rights as a psychotherapy client, including what you should expect in regards to privacy and confidentiality. The legal responsibility of selecting a clinician and treatment modality that meets your needs falls on you so I will also provide you with a copy of my Policies and Practices which outlines my experience, my approach to psychotherapy, my practice policies, fees and billing information, and the therapeutic process. You can ask me questions about this information at any time.

Your health record contains personal information about you and your health. This information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending you a copy in the mail upon request or providing one to you at your next appointment.

How I May Use And Disclose Health Information About You

For Treatment

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose PHI to any other consultant only with your authorization. I do keep a record of dates of service and fees as well as notes to assist me in my work. I make a practice of not keeping too much personal data in these notes, and I observe security precautions to protect confidentiality.

For Payment

I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. Your contract with your health insurance company requires that I provide information relevant to the services I provide you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plan summaries,

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or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. I will provide you with a copy of any report I submit, if you request it. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations

I may disclose, as needed, your PHI in order to support my business activities including, but not limited to billing services, quality assessment activities, licensing or arranging for other business activities. For example, I may share your PHI with third parties that perform billing services provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training and teaching purposes PHI will be disclosed only with your authorization.

Required By Law

Under the law, I may disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.

Without Authorization

The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. As a social worker licensed in this state and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Abuse or Neglect

I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect of a child, dependent adult, or developmentally disabled person.

Judicial and Administrative Proceedings

I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process. If you become involved in legal proceedings, you may be entitled to obtain a judicial ruling that my records and my recollections pertaining to you are privileged and should be excluded from admission into evidence. If this should occur, it is my preference to work with you to prevent or limit such disclosures. However, you are responsible for claiming privilege in a timely and an acceptable manner. I recommend that you seek your own legal counsel for a full explanation of privilege and for possible assistance in properly asserting a privilege claim.

Deceased Clients

I may disclose PHI regarding deceased clients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased clients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin.

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Medical Emergencies

I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you with a copy of this Notice as soon as reasonably feasible after the resolution of the emergency.

Family Involvement in Care

I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm. If you are being seen with another person present, I can make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored.

Health Oversight

If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement

I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions

I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health

If required, I may disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety

I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research

PHI may only be disclosed after a special approval process or with your authorization.

Fundraising

I may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications.

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Verbal Permission

I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Complaints Against Therapist

If you file a claim against me, I may use or disclose your PHI in order to protect myself.

Communications with Therapist

If you have caller identification on your phone, my name may appear on your monitor. You have the right to confidential communications regarding your PHI, which includes the fact that you are my client. Therefore, I will not divulge specific information to anyone who answers your home or work phone, and/or you can request that I use a specific phone number should I need to contact you by phone. You can also request that I use an alternate mailing address if communication by mail is necessary.

Therapist's Clinical Development

As an ongoing part of my clinical development and in an effort to provide you with the best possible care, I consult regularly with a licensed clinical social worker. Should I discuss your therapy with my consultant or any other clinician, I will only relate the content of our work together. You will not be named, nor will I share any details of your life that might identify you. If you have any concerns or questions about this please let me know.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI that I maintain about you. To exercise any of these rights, please submit your request in writing to me directly.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request, in writing, that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may provide a rebuttal to your statement and I will provide you with a copy. Please contact me directly if you have any questions.

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- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for the purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request unless you are comfortable discussing it with me.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice. You may request that a copy of a modified version be given or sent to you, or you may access a current electronic version in the “forms” section of my website at: robinadlertherapy.com.
- **Right to Refuse or End Treatment at any Time.** You may end treatment at any time for any reason.

Complaints

If you believe I have violated your privacy rights, or you disagree with a decision I made about access to your records, you have the right to file a complaint in writing with me and/or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. You may also contact the New York Professional Misconduct Enforcement System at 1-800-442-8106 or conduct@mail.nysed.gov. **I will NOT retaliate against you for filing a complaint.**

Your Contract for Treatment

Once you have had an opportunity to read this document and ask me whatever questions you might have about its content or your PHI, I will ask you to sign this document which states that you have received a copy of my Notice of Privacy Practices, that you have had a chance to ask questions about it, and that you understand it. The signed addendum is our written contract to enter into the therapeutic process.

The effective date of this Notice is September 2013.

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Notice of Privacy Practices: Receipt and Acknowledgment of Notice

Client Name (s) _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of *Robin Adler's* Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact *Robin Adler* directly.

Signature of Client Date

Signature of Client Date

Robin C. Adler, MSW, LCSW-R Date