

Privacy Practices Notice

Introduction

This agreement contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of a patient's Protected Health Information (PHI), used for the purpose of treatment, payment and health care. The Federal Law requires that Dr. Schuneman, PLLC obtain each patient's signature acknowledging that we have provided him/her with this information. Please review it carefully.

Protected Health Information (PHI)

Patient Protected Health Information (PHI) is any information about the patient's past, present, or future physical or mental health conditions or treatment, or any other information that could identify the patient. PHI includes any information – oral, recorded, written or sent electronically – about a patient's physical or mental health, services rendered, or payment for those services, including all personal information connecting the patient to their records.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

The HIPAA law allows for the following disclosures of a patient's PHI to an outside entity for the following purposes:

1. Treatment: Providing, coordinating, or managing a patient's health care and other services related to your health care. An example would be when a patient's therapist consults with another health care provider, such as your family physician.
2. Payment: Obtaining reimbursement for a patient's healthcare. Examples include when we disclose a patient's PHI to a patient's health insurer to obtain payment for a patient's healthcare, or to determine a patient's insurance eligibility or coverage.
3. Health Care Operations: Activities that relate to the performance and operation of Dr. Schuneman's practice. Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, and clinical peer review.

Uses and Disclosures Requiring Authorization

Outside of routine treatment, payment, and health care operations, Dr. Schuneman and her staff will not release patient PHI unless a patient signs a Release of Information Form authorizing that specific disclosure.

Patients may revoke all such authorizations of PHI at any time, provided each revocation is in writing. Patients may not revoke an authorization to the extent that (1) we have already released information based on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Dr. Schuneman may use or disclose PHI without a patient's consent or authorization in the following circumstances:

1. Child Abuse: If a patient's therapist has reasonable cause to believe that a child has suffered abuse or neglect, the therapist is required by law to report it to the proper law enforcement authorities.

2. **Adult and Domestic Abuse:** If a patient's therapist has reasonable cause to believe that abandonment, abuse, financial exploitation, sexual or physical assault, or neglect of a vulnerable adult has occurred and could result in serious harm, the therapist must immediately report it to the appropriate authorities.
3. **Health Oversight:** If the State Department of Health subpoenas the patient's therapist as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure, the therapist must comply. This could include disclosing the patient's mental health information.
4. **Judicial or Administrative Proceedings:** If the patient is involved in a court proceeding, their therapist will release information only with the written authorization of patient/patient's legal representative, or a subpoena of which the patient has been notified, or a court order. (This privilege does not apply when a patient is being evaluated for a third party or for the court. The patient will be informed in advance if this is the case.)
5. **Serious Threat to Health or Safety:** Therapists may disclose patient mental health information to any person without authorization if the therapist reasonably believes that disclosure will avoid or minimize imminent danger to patient's health or safety, or the health or safety of any other individual.
6. **Worker's Compensation:** If a patient files a worker's compensation claim, therapists must make all mental health information in their possession that is relevant to the injury available to the patient's employer or representative and Arizona Worker's Compensation upon their request.

Patient's Rights

1. **Right to Request Restrictions:** Patients have the right to request restrictions on specific uses and/or disclosures of their PHI. However, therapists are not required to agree to a restriction that a patient requests.
2. **Right to Receive Confidential Communications by Alternative Means at Alternative Locations:** Patients have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (for example, only calling patient at work).
3. **Right to Inspect and Copy:** Patients have the right to inspect and/or obtain a copy of PHI in mental health and billing records. Therapists may deny your access to PHI under certain circumstances, but in some cases patients may have this decision reviewed.
4. **Right to Amend:** Patients have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Therapists may deny your request if they believe the original information is accurate.
5. **Right to an Accounting of Disclosures:** Patients have the right to receive a list of the disclosures that Dr. Schuneman or her staff have made of your PHI. Some exceptions do apply.

Therapist's Duties

1. Therapists are required by law to maintain the privacy of patient PHI and to provide patients with this Notice of legal duties and privacy practices with respect to PHI.
2. Dr. Schuneman reserves the right to change the privacy policies and practices described in this Notice. Unless Dr. Schuneman notifies patients by mail of changes, Dr. Schuneman is required to abide by the terms in this Notice.

Complaints

If patients have a complaint about the way Dr. Schuneman has handled patient privacy rights, they may contact the Secretary of the U.S. Dept. of Health and Human Services.