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Notice Of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), **this notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.**

A. My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting my business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time. I realize that these laws are complicated, but I must provide you with the following important information:

- How I may use and disclose your PHI,
- Your privacy rights in your PHI,
- My obligations concerning the use and disclosure of your PHI.

B. If you have questions about this Notice, please contact:

Lindsay Renner Schwartz, LICSW
45 Lyman Street, Suite 21
Westborough, MA 01581
(978) 549-6967

C. I may use and disclose your PHI in the following ways:

The following categories describe the different ways in which I may use and disclose your PHI.

1. Treatment. My practice may use your PHI to treat you. For example, I may use your PHI to reach a diagnosis or compose a treatment or discharge plan. Additionally, **and with your permission**, I may disclose your PHI to others who may assist in your care, such as your spouse, parents, or other health care providers. Please note that I am required to gain your written consent prior to such disclosures. If you are under the age of 18, I am required to get a parent's or guardian's written consent.

2. Payment. My practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. I also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, I may use your PHI to bill you directly for services and items. I may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Disclosures required by law. My practice will use and disclose your PHI when I am required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which I may use or disclose your identifiable health information:

1. Public health risks. My practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Reporting child abuse or neglect,
- Preventing or controlling injury, disability, or death,
- Notifying a person regarding potential risk of injury, disability, or death,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, I will only disclose this information if the patient agrees or I am required by law to disclose this information,
- Notifying your employer under limited circumstances **and with your permission** related primarily to workplace injury or illness.

2. Health oversight activities. My practice may disclose your PHI to a health oversight agency for activities required by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. My practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. I also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, *but only if I have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.*

4. Law enforcement. I may release PHI if required to do so by a law enforcement official:

- Regarding a crime victim in certain situations,
- Concerning a death I believe has resulted from criminal conduct,
- Regarding criminal conduct at my offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Serious threats to health or safety. My practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, I will only make disclosures to a person or organization able to help prevent the threat.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that I maintain about you:

1. Confidential communications. You have the right to request that my practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that I contact you at home, rather than work. My practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in my use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that I restrict my disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. I am not required to agree to your request; however, if I do agree, I am bound by my agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in my use or disclosure of your PHI, you must make your request in writing to Lindsay Renner Schwartz Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit my practice's use, disclosure or both,
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Lindsay Renner Schwartz in order to inspect and/or obtain a copy of your PHI. My practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for my practice. To request an amendment, your request must be made in writing and submitted to Lindsay Renner Schwartz. You must provide us with a reason that supports your request for amendment. My practice may deny your request if you ask us to amend information that is in my opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by my practice.

6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with my practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

7. Right to provide an authorization for other uses and disclosures. My practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked by you at any time *in writing*. After you revoke your authorization, I will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* I am required to retain records of your care.