



RELATESPACE
RELATESPACE.ORG

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need 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 this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

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

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. All of the ways I am permitted to use and disclose information will fall within one of the categories.

A. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

In some cases, I may not use or disclose your PHI unless I obtain your authorization to do so. I must obtain your written authorization for the release of certain records, including:

- Records containing information about HIV/AIDS or sexually transmitted disease.
- Records containing genetic information.
- Records containing information about alcohol or other substance use.

You may revoke your authorization in writing at any time. Once you revoke your authorization, I will not make any further uses or disclosures of these protected classes of information.

B. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Except where prohibited by law, Federal privacy rules (regulations) allow health care providers to use and share PHI to carry out treatment, payment, and health care operations without the client's written authorization, as explained below.

Treatment

Treatment means providing, coordinating, and consulting between health care providers. Under HIPAA, for example, I may disclose PHI to another licensed health care professional (for example, your primary care provider) in order to coordinate treatment and referrals. I may occasionally find it helpful to consult other mental health professionals about a case. During a consultation, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential.

Payment

Payment includes activities such as billing, confirming insurance coverage, and undergoing utilization reviews. Under HIPAA, for example, I may provide PHI about you to your insurance company to determine if your plan will approve additional visits.

Health Care Operations

Health care operations are administrative, business management, financial, and legal activities that are needed to run Relatespace and support the core functions of treatment and payment. , including audits and customer service. Under HIPAA, for example, I may provide audits to regulatory oversight bodies without your specific permission to do so.

LIMITS TO CONFIDENTIALITY

There are some important exceptions to the rule of confidentiality in HIPAA. These include:

Emergencies

-Serious Threat to Health or Safety of Self: If you are involved in a life-threatening mental health emergency and I cannot ask your permission, I may share information about you when necessary to prevent an immediate, serious self-inflicted threat to yourself that can result in grave bodily injury or death.

-Serious Threat to Health or Safety to Others: Under Massachusetts law, if you communicate to me a specific and immediate threat to cause grave bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s) or the parent or guardian of the potential victim(s), 2) notifying a law enforcement officer, or 3) seeking your hospitalization.

Mandated Reporting

-Child Abuse Reporting: If I have reason to suspect that a child is abused or neglected, I am required by Massachusetts law to make a report immediately to Child Protective Services.

-Elder or Incapacitated Adult Abuse Reporting: If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Massachusetts law to make a report immediately to Elder Protective Services.

Legal Proceedings

-If you are involved in a legal proceeding and a request is made for information about your diagnosis, treatment, and/or records, such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a court order for your records or my testimony because the judge determines that the issues demand it, I must comply with that order. If I receive a subpoena from an adverse party, I will assert the psychotherapist-client privilege on your behalf and will act according to the wishes of you and your attorney.

Workers' Compensation

-If you file a workers' compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Subject to certain limitations in the law, I also can use and disclose your PHI without your authorization when requested for the following reasons:

- As required by Federal, State or Local law, including to the Department of Health and Human Services, if it wants to see that I am complying with federal privacy law.
- When authorized by law for public health officials' oversight activities, including audits and investigations.
- For specialized government functions, including the military, national security, or presidential protective services.
- As required to assist with disaster relief.
- When required by a medical examiner after death.
- To respond to a lawsuit or legal action brought against me.
- To remind you that you have an appointment with me.

III. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you. Under HIPAA, you have the following rights:

Right to Inspect and Obtain Copies: You have the right to inspect or obtain a copy of your clinical and billing records. I usually will provide a copy or a summary of your health information, and this information will be available within 30 days of your request. Under Massachusetts law, you have the right to your entire record except in the rare case that I believe it would be harmful to you. Because these are professional records, they may be misinterpreted by untrained readers and can cause adverse effects. In this case, I will provide a summary of your record. If you request it, I must make the entire record available to your attorney or another health care provider. I may charge a reasonable, cost-based fee for records requests.

Right to Correct: If you believe there is a mistake in your PHI, you have the right to request that I correct your clinical and billing records. In your written request, you must tell us what information you want amended and why you believe the information is incorrect or inaccurate. I may say "no" to your request if I disagree that the information is incorrect or inaccurate, but I will tell you why in writing within 60 days.

Right to Restrict: You have the right to request that I restrict the uses and disclosures of your PHI concerning treatment, payment, or health care operations. I am not required to agree to the restriction(s) you request, and I may say no if it would negatively affect your care. If you pay for a service out-of-pocket in full, you can ask us not to share the

information for the purpose of payment or our operations with your health insurer. I will say yes unless a law requires us to share that information.

Right to an Accounting Disclosure: You have the right to request a list of disclosures that I have made of your PHI for purposes other than treatment, payment, health care operations, or when you provided me with your authorization. This list will include who I shared your PHI with and why. I will provide the list to you at no charge, but if you make more than one request within 12 months, I may charge you a reasonable, cost-based fee for each additional request.

Right to Request How I Send You PHI: You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

Right to Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information on your behalf. I will make sure the person has this authority and can act for you before I take any action.

Right to a Paper Copy of this Notice: You have a right to obtain a copy of this Notice of Privacy Practices at any time. I can change the terms of this notice and reserve the right to make the changes effective for your PHI already in your record as well as future PHI. The notice will contain the effective date. The new notice will be available upon request.

Right to File a Complaint: If you believe your privacy rights have been violated, you have the right to file a complaint to the entities below. I will not retaliate against you for filing a complaint.

Relatespace
Attn: Privacy Officer
Email: drkathylou@relatespace.org
Phone: (617) 366-2550

or U.S. Department of Health and Human Services
Attn: Office for Civil Rights
JFK Federal Bldg, Room 1875
Boston, MA 02203
Phone: (800) 368-1019

EFFECTIVE DATE OF THIS NOTICE: January 9, 2024