

Notice of Privacy Practices

Privacy Policy

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice describes the privacy practices of All You Can Be Therapy LLC.

Our Obligation To You

We are required by law to maintain the privacy and confidentiality of information about your health, health care, and payment for services related to your health (referred to in this notice as "protected health information" or "information" of "PHI") and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information. When we use or disclose this information, we are required to abide by the terms of this notice (or other notice in effect at the time of the use or disclosure).

Protected Health Information in connection with alcohol or drug services:

If you are applying for or receiving services (including diagnosis or treatment, or referral) for drug or alcohol abuse you are protected by this notice. Generally, if you are applying for or receiving services for drug or alcohol abuse, we may not acknowledge to another person that you attend treatment with us or disclose any information identifying you as an alcohol or drug abuser except under certain circumstances that are listed in this notice.

All Protected Health Information, including alcohol or drug services:

The Health Insurance Portability and Accountability Act ("HIPAA") Privacy Regulations also protect your health information whether or not you are applying for or receiving treatment for drug or alcohol abuse. Generally, if you are not applying for or receiving treatment for drug or alcohol abuse, the way we may use and disclose information differs slightly. These differences will be listed in this notice.

Uses and Disclosures WITH Your Authorization: All Protected Health Information

Generally, we may use or disclose your protected health information when you give your authorization to do so in writing or by electronic consent in a format that specifically meets the requirements of laws and regulations that apply.

To share any information about a drug and alcohol treatment client with other agency staff, administrators of outside agencies or programs, or any other persons or entities, client consent is required.

There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent. They are listed later in this notice.

You may revoke your authorization except to the extent that we have already taken action upon the authorization. If you are currently receiving care and wish to revoke your authorization, you will need to deliver a written statement to All You Can Be Therapy LLC.

Please be aware of the fact that a Court, with appropriate jurisdiction or other authorized third party, could request or compel you to sign an authorization or compel All You Can Be Therapy LLC to produce protected health information.

Uses and Disclosures WITHOUT Your Authorization: All Protected Health Information

Even when you have not given your written authorization, we may use and disclose information under the circumstances listed below. This list applies to all protected health information, including the information we receive when you are applying for or receiving treatment for drug or alcohol abuse.

Health Care Operations.

We may use or disclose your protected health information for the purposes of health care operations that include internal administration and planning and various activities that improve the quality and effectiveness of care. We may disclose information to qualified personnel for outcome evaluation, management audits, financial audits, or treatment service evaluation; however, such personnel may not identify, directly or indirectly, any individual patient in any report of such audit or evaluation, or otherwise disclose patient identities in any manner. We may also disclose your protected health information to an agent or agency which provides services to All You Can Be Therapy LLC under a qualified service organization agreement and/or business associate agreement, in which they agree to abide by applicable federal law and related regulations. These examples are for illustration purposes only and are not an exclusive list of all of the potential uses and disclosures that may be made for health care operations.

Other allowable uses and disclosures without your authorization, aside from treatment and health care operations, include:

Appointment Reminders. we may contact you (verbally or in writing) to provide you with reminder notices of future appointments for your treatment.

Pursuant to an agreement with a qualified service organization/business associate. As deemed appropriate, we may disclose information to an outside organization that provides services to All You Can Be Therapy LLC and/or to our clients. An example is a company/individual that maintains our computer system, electronic billing systems, electronic medical record systems, email, dictation and phone service. Our business associates are obligated to safeguard your protected health information.

Medical Emergencies. We may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency.

Incompetent and Deceased Patients. In such cases, authorization of a personal representative, guardian or other person authorized by applicable state law may be given in accordance with the law.

Decedents. We may disclose protected health information to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.

Judicial and Administrative Proceedings. we may disclose your protected health information in response to a court order that meets the requirements of federal regulations, concerning Confidentiality of Alcohol and Drug Abuse Patient Records. Note also that if your records are not actually "patient records" within the meaning of the law, your records may not be subject to the protections of said laws.

Commission of a Crime on Premises or against Program Personnel. We may disclose your protected health information to the police or other law enforcement officials if you commit a crime on the premises of an office we occupy or against All You Can Be Therapy LLC or its employees or threaten to commit such a crime.

Child Abuse. We may disclose your protected health information for the purpose of reporting child abuse and neglect to public health authorities (CHILDLINE) or other government authorities authorized by law to receive such reports.

Duty to Warn. If we learn that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, we will carefully consider appropriate options that would permit disclosure.

Audit and Evaluation Activities. We may disclose protected health information to those who perform audit or evaluation activities for certain health oversight agencies, e.g., state licensure or certification agencies, the Joint Commission on Accreditation of Healthcare Organizations, which oversees the health care system and ensures compliance with regulations and standards.

Payment. We may use or disclose protected health information without your consent or authorization in order to submit bills for services rendered in your treatment.

Uses and Disclosures WITHOUT Your Authorization - Protected Health Information NOT in Connection with Drug or Alcohol Abuse Diagnosis, Treatment, or Referral.

If you are NOT applying for or receiving treatment for drug or alcohol abuse, the rules governing the use and disclosure of protected health information are different from and less restrictive than the rules governing information involving drug and alcohol diagnoses, treatment and referral. The next section lists the additional allowable disclosures that may be made without your authorization if you are not applying for or receiving treatment for drug or alcohol abuse. (This list does NOT apply to those persons applying for or receiving treatment for drug or alcohol abuse):

Allowable disclosure when required by law. We may disclose your protected health information as required by state or federal law.

Allowable disclosure for health or safety. We may disclose your protected health information to avert or lessen a serious threat of harm to you, to others, or to the public.

Expanded allowable abuse reporting/investigation of abuse. We may disclose protected health information to a person legally authorized to investigate a report of abuse or neglect.

Expanded allowable public health and health oversight activities. We may disclose your protected health information for public health purposes and health oversight purposes including licensing, auditing or accrediting agencies authorized or allowed by law to collect such information, including, for example, when we are required to collect, report or disclose information about disease, injury, vital statistics for public health purposes or other information for investigation, audit or other health oversight purposes.

Expanded allowable disclosure for law enforcement activities. We may disclose protected health information to law enforcement officials in response to a valid court order or warrant or as otherwise required or permitted by law.

Expanded allowable disclosure to your Legally Authorized Representative (LAR). We may disclose your health information to a person appointed by a court to represent or administer your interests. (eg. a CASA worker).

Expanded allowable disclosure in judicial and administrative proceedings. We may disclose your health information pursuant to a valid Court or administrative Order.

Allowable disclosure to the Secretary of Health and Human Services. We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

We may disclose to a parent or guardian or other person authorized under state law to act on behalf of a minor, those facts about a minor which are relevant to reducing a threat to the life or physical well being of the minor or any other individual, if we judge that the minor applicant lacks capacity to make a rational decision and the minor's situation poses a substantial threat to the life or physical well being of the minor or any other individual which may be reduced by communicating relevant facts to such person.

Your Individual Rights

Right to Receive Confidential Communications. Normally we will communicate with you through the phone number, address, email and confidential telehealth platform we mutually agree upon. You may request, and we will accommodate, any reasonable, written request for you to receive your protected health information by alternative means of communication or at alternative locations.

Right to Inspect and Copy Your Health Information. Unless your access is restricted for clear and documented treatment reasons, you have the right to inspect and copy your medical information if you put your request in writing. We will respond to your request in 30 days of receipt. This right may not apply to psychotherapy notes or information gathered for judicial proceedings. As to psychotherapy notes, we may provide you with an opportunity to review your records with a staff member of All You Can Be Therapy LLC. If clinically appropriate, we may provide copies of these records to you with your written authorization. We may deny your request to inspect or copy your health information in certain very limited circumstances. If you are an inmate, we may deny your request if access to your medical information would jeopardize your health, safety, security, custody or rehabilitation or that of any other person. If your medical information

involves research that you were participating in, your request for that information may be denied until after the research has been completed. Your request may also be denied to the extent that the information is protected by the Privacy Act or was provided to All You Can Be Therapy LLC by someone else under a promise of confidentiality. We reserve the right to charge you a reasonable fee for copying your record consistent with the law.

Right to Amend Your Records. You have the right to request that we amend protected health information maintained in your clinical file or billing records. If you desire to amend your records please submit your request in writing and include a reason to support the request. we will act on your request within 60 days of receipt. Under certain circumstances, we have the right to deny your request to amend your records and will notify you of this denial as provided by law. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. When we "amend" a record, we may append information to the original record, as opposed to physically removing or changing the original record. If your requested amendment is denied, you will be informed of your right to have a brief statement of disagreement placed in your medical records.

Right to Receive an Accounting of Disclosures. Upon request, you may obtain a list of instances that we have disclosed your protected health information other than when you gave written authorization OR those related to your treatment and payment for services, or our health care operations. We are required to provide this information to you within 60 days, unless you agree to an extension. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, there will be a charge.

Right to Revoke your Authorization: You may revoke your authorization to use or disclose health information except to the extent that action has already been taken on the basis of the authorization. This revocation request is to be in writing and dated and directed to All You Can Be Therapy LLC.

For Further Information and Complaints. If you desire further information about your privacy and confidentiality rights, OR are concerned that we have violated these rights or disagree with a decision that we made about access to your protected health information, you may contact All You Can Be Therapy LLC about it. You may also file a written complaint with the Secretary of the United States Department of Health and Human Services. Upon request, we will provide you with the correct address. we will not retaliate against you if you file a complaint.

Violation of federal law and regulations on Confidentiality of Alcohol and Drug Abuse Patient Records is a crime and suspected violations of such laws may be reported to the United States Attorney in the district where the violation occurs.

This notice is effective September 2024

We reserve the right to change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective to all protected health information that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the

new notice in public access areas of any office we maintain and on any internet site we maintain for the purpose of our therapy practice. You may also obtain any new notice by contacting All You Can Be Therapy LLC and requesting one.

Submission of all Requests or Complaints Described in this Privacy Policy should be emailed to me at:

contact@allyoucanbe-therapy.com

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.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.