

# Privacy Policy & HIPAA

**IMPORTANT! Communications from persons inquiring about services or from existing clients are confidential within the limits required or allowed by federal and/or Tennessee state law.**

## Confidentiality & Privacy Policy

The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission. However, there are several exceptions to confidentiality. Some of these exceptions are listed below. A full list is included in the Client Agreement and these will be reviewed with you during your first session.

Examples of exceptions include:

- Suspected child abuse or dependent adult or elder abuse, for which I am required by law to report this to the appropriate authorities immediately.
- If a client is threatening serious bodily harm to another person/s, I must notify the police and inform the intended victim.
- If a client intends to harm himself or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I will take further measures without their permission that are provided to me by law in order to ensure their safety.

See the official HIPAA Notice below.

## HIPAA Notice

Clinicians' Policies and Practices to Protect the Privacy of Your Health Information

THIS **NOTICE** DESCRIBES HOW PSYCHOLOGICAL, MEDICAL, AND OTHER HEALTH-RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

From The Ashes Therapeutics (hereafter, FTAT) **clinicians** and their support staff may **use** or **disclose** your **protected health information (PHI)**, for **treatment, payment, and health care operations** purposes with your **consent**. To help clarify these terms, here are some definitions:

- “**PHI**” refers to information in your health record that could identify you.
- “**Clinician**” refers to any mental health professional who provides clinical services. At FTAT this includes both psychiatry staff and psychotherapists/counselors.
- “**Treatment, Payment and Health Care Operations**”
  - **Treatment** is when your FTAT clinician provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when the clinician consults with another health care provider, such as your family physician or another mental health professional.
  - **Payment** is when FTAT obtains reimbursement for your healthcare. An example of payment is when your clinician discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - **Health Care Operations** are activities that relate to the performance and operation of the FTAT office practices. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “**Use**” applies only to activities within FTAT such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “**Disclosure**” applies to activities outside of FTAT such as releasing, transferring, or providing access to information about you to other parties.
- “**Consent**” means that you give prior permission. You give FTAT consent to handle your PHI as outlined in this Notice when you sign the Patient Acknowledgement form.

## **II. Uses and Disclosures Requiring Authorization**

Your FTAT clinician may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “**authorization**” is written permission above and beyond the general consent that permits only specific disclosures. In instances when your clinician is asked for information for purposes outside of treatment, payment and health care operations, the

clinician will obtain an authorization from you before releasing this information. The clinician will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes the clinician has made about conversations with you during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the clinician has relied 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.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

Your FTAT clinician may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child abuse:** If the clinician has knowledge of any child who is suffering from or has sustained any wound, injury, or disability, or physical or mental condition of such a nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect, the clinician is required by law to report such harm immediately to Tennessee Child Protective Services or to the judge having juvenile jurisdiction, or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Also, if the clinician has reasonable cause to suspect that a child has been sexually abused, the clinician must report such information, regardless of whether the child has sustained any injury.
- **Adult and domestic abuse:** If the clinician has reasonable cause to suspect that an adult who is vulnerable physically, mentally, or emotionally has suffered abuse, neglect, or exploitation, the clinician is required by law to report such information to the Tennessee Department of Human Services.
- **Health oversight:** If a complaint is filed against the clinician with the Tennessee Board of Examiners in Psychology (or other appropriate state Board of Examiners), the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that an FTAT clinician has provided you and/or the records thereof, such information is privileged under state law, and the clinician must not release this

information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. The FTAT clinician must inform you in advance if this is the case.

- **Serious threat to health or safety:** If you communicate to your clinician an actual threat of bodily harm against a clearly identified victim, and the clinician has determined or reasonably should have determined that you have the apparent ability to commit such an act and are likely to carry out the threat unless prevented from doing so, the clinician is required to take reasonable care to predict, warn of, or take precautions to protect the identified victim from your violent behavior.
- **Workers' compensation:** If you file a worker's compensation claim, and the clinician is seeing you for treatment relevant to that claim, the clinician must, upon request, furnish to your employer or insurer, and to you, a complete report as to the claimed injury, the effect upon you, the prescribed treatment, and estimate of duration of hospitalization, if any, and a statement of charges.

#### IV. Patient's Rights and Clinician's Duties

##### Patient's Rights:

- *Right to Request Restrictions* You have the right to request restrictions on certain uses and disclosures of PHI about you. However, the FTAT clinician is not required to agree to a restriction that you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a clinician. Upon your request, your bills will be sent to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in FTAT's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, the FTAT clinician will discuss with you the details of the request process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The clinician may deny your request. On your request, the clinician will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, the clinician will discuss with you the details of the accounting process.

- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from FTAT upon request, even if you have agreed to receive the notice electronically.

#### **Clinician's Duties:**

- FTAT is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.
- FTAT reserves the right to change the privacy policies and practices described in this notice. Unless FTAT notifies you of such changes, however, FTAT is required to abide by the terms currently in effect.
- If FTAT revises its policies and procedures, FTAT will notify you by mail, phone, fax, or e-mail.

#### **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision an FTAT clinician makes about access to your records, or have other concerns about your privacy rights, you may contact the FTAT Privacy Officer at 615-337-9865.

If you believe that your privacy rights have been violated and wish to file a complaint with the FTAT office, you may send your written complaint to Privacy Officer, FTAT, 321 Billingsly Court, Suite 20, Franklin, TN 37067. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. FTAT's Privacy Officer can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. FTAT will not retaliate against you for exercising your right to file a complaint.

#### **VI. Effective Date and Changes to Privacy Policy**

The effective date of this notice is February 15, 2023.

FTAT reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI maintained by FTAT. FTAT will notify you by mail, phone, fax, or e-mail of the revision of notice and make the revised notice available any of its locations. If needed, FTAT will also provide a revised notice by mail, e-mail, or fax. Additionally, the notice will be made available on FTAT's website.