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Notice of Privacy Practices

(Health Insurance Portability and Accountability Act provisions)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

Protecting Your Privacy:

Psychologists have always managed psychological records with great concern for privacy and confidentiality. Although the security of psychological records has continuously been addressed by Psychology Codes of Ethics as well as State and Federal laws, the rules have been strengthened and made more transparent by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). The following information provides details about the provisions of HIPAA and your rights concerning privacy and your psychological records.

Who will observe these rules?

The following individuals are required by HIPAA to comply with the privacy rules:

- § Your treating therapist;
- § Any secretary or receptionist who may have limited access to your identifying information (e.g., name, address, telephone number);
- § Any billing agency or collection agency that handles information about you (e.g., name and address, diagnostic codes, treatment codes, consultation dates, but not actual clinical records).

What I mean by your medical information:

Each time you visit me or any doctor's office or health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the treatment you got from me, or about payment for health care. The information collected from you is called "protected health information" ("PHI"). This information goes into your medical or psychological record in my office.

Dr. Bennett's Responsibilities:

I am required by law to maintain privacy and security of your PHI.

I will notify you promptly if a breach occurs that may have compromised the privacy and security of your PHI.

I will follow the duties and practices described in this notice and provide you with a copy.

I will not use or share your information other than described in this notice unless you give me written authorization to do so. If you tell me that I can, you may change your mind at any time. Please notify me in writing if you change your mind.

Your Rights Regarding Psychological Information About You

As a patient or client in Dr. Bennett's practice, you have the following rights:

1) The Right to Inspect and Obtain a Copy of Your Psychological Record

Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your treatment and consultations with Dr. Bennett are documented in **The Clinical Record**, which is a required record that includes the date of your therapy sessions, your reasons for seeking treatment, your diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, as well as any reports to your insurance carrier. **Psychotherapy Notes** are optional notes that are kept by some providers to document specific content or analyses of therapy conversations, how they impact on the therapy, and notes of your therapist that may assist in treatment. When used, Psychotherapy Notes are kept separately from your Clinical Record in order to maximize privacy and security.

You have the right to inspect and receive a copy of your Clinical Record. However, viewing your record is best done during a professional consultation, rather than on your own, in order to clarify any questions that you may have at the time. You may be charged a nominal fee for accessing and photocopying the record. Psychotherapy Notes, if they are created, are never disclosed to third parties, HMOs, insurance companies, billing agencies, patients, or anyone else. They are for the use of a treating therapist in tracking the many details of consultations that are far too specific to be included in the Clinical Record. If your case manager or insurance company requests to see the Psychotherapy Notes, you have a choice about consenting (authorizing release of this information) or denying access to them. If you refuse, it will not affect your coverage or reimbursement in any way, and your insurance provider or HMO is obliged to provide payment as usual.

2) The Right to Request a Correction or Add an Addendum to Your Psychological Record

§ **Correction:** If you believe that there is an inaccuracy in your clinical record you may request a correction. If the information is accurate, however, or if it has been provided by a third party

(e.g., previous therapist, primary care physician, etc.), it may remain unchanged, and the request denied. In this case you will receive an explanation in writing, with a full description of the rationale.

§ **Addendum:** You also have the right to make an addition to your record, if you think it is incomplete.

3) The Right to an Accounting of Disclosures of Your Psychological Information to Third Parties

You have the right to know if, when, and to whom your psychological information has been disclosed (exclusive of treatment, payment, and health care operations). However, you likely would already be aware of this, as you would have signed consent forms allowing such disclosures (such as to other psychotherapists, primary care physicians, etc.). This accounting must extend back for a period of six years.

4) The Right to Request Restrictions on How Your Information is Used

You have the right to request restrictions on certain uses or disclosures of PHI for treatment, payment or healthcare operations; or to family members and others involved in the patient's care. These requests must be in writing, and the provider is not required to agree to your request, and may say "no", for example if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask your provider not to share that information for the purpose of payment or our operations with your health insurer. Your provider will say "yes" unless a law requires them to share that information.

5) The Right to Request Confidential Communications

You have the right to request that your therapist communicate with you about your treatment in a certain way, or at a certain location. For example, you may prefer to be contacted at work instead of at home, or on a cell phone, in order to schedule or cancel an appointment. Or, you may wish to receive billing statements at a Post Office Box, or at some other address.

6) The Right to a Paper Copy of This Notice Upon Request

You have the right to have a copy of this Notice of Privacy Practices at anytime, even if you have agreed to receive the notice electronically.

7) The Right to Choose Someone to Act for You

If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. This office will make sure the person has this authority and can act for you before we take any action.

8) The Right to File a Complaint

You have the right to file a complaint if you believe your privacy rights have been violated. You must do so in writing, and may address it directly to Dr. Bennett or to the Secretary of the Department of Health and Human Services (address: Office for Civil Rights, 200 Independence Ave., S.W., Washington, D.C. 20201). Filing a complaint will not change the health care provided by this office in any way. If you have questions or concerns about this notice or your health information privacy, please do not hesitate to contact Dr. Bennett at (202) 630-4714.

As a patient or client in Dr. Bennett's practice, you have the following choice:

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in these situations, please tell me.

In these cases you have both the right and choice to tell me to:

—Share information with your family, close friends, or others involved in your care or payment for your care

—Share share information in a disaster relief situation

I will never share your PHI unless you give me written authorization for:

—Marketing purposes

—Sale of your information

How This Office May Use and Disclose Psychological Information About You

For Treatment:

Dr. Bennett will access your record and use psychological information about you to assist in the continuity of your treatment services. These might include individual, family or group therapy. I may disclose your PHI to physicians, psychiatrists, psychologists, dietitians and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.

This information will not be shared with other health care professionals unless you specifically request it or agree to it and sign a consent form to that effect.

For Payment:

This office may use and disclose psychological information about you for billing purposes. This generally is restricted to your name and other personal identifiers (address, relevant identifying information, or other needed information), diagnostic and treatment codes, dates of services, and any similar information.

For Health Care Operations:

Dr. Bennett may share basic identifying information with a secretary or other office staff to assist in scheduling and treatment procedures. She may also use PHI to see where she can make improvements in the care and services she provides. This normally would not include the contents of your psychological record. She may also provide your PHI to attorneys, accountants, consultants, and others to make sure that she is in compliance with applicable laws.

As Required by Law:

It is possible (though unlikely) that the Department of Health and Human Services may review how this office complies with the regulations of HIPAA. In such a case, your personal health information could be revealed as part of providing evidence of compliance. Additionally, if you are involved in a legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI.

Business Associates:

This office may contract with a billing agency or attorneys to attend to business issues on an as-needed basis. In this case, there will be a written contract in place with the agency requiring that it maintain the security of your information in compliance with the rules of HIPAA.

Research:

This office is currently not participating in any research studies. However, if research is conducted through this office in the future, you would be informed of the nature of the research, have an opportunity to read and review an Informed Consent describing the research study thoroughly, and ultimately have the opportunity to accept or decline participation. You would never be obligated to participate in a research project and your choice to decline research involvement would not affect your treatment in any way. However, if you would like to be informed of ongoing research studies in the area, please inform Dr. Bennett.

Other Disclosures:

Your consent isn't required if you need emergency treatment provided that Dr. Bennett attempts to get your consent after treatment is rendered. In the event that she tries to get your consent but you are unable to communicate with her (for example, if you are unconscious or in severe pain) but she thinks that you would consent to such treatment if you could, she may disclose your PHI.

Dr. Bennett may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to meds, threats of imminent harm).

If disclosure is mandated by compulsory reporting provisions of the District or federal law such as D.C. Code § 4-1321.02, requiring reporting where Dr. Bennett has reasonable cause to suspect child abuse or neglect.

For help with additional public health and safety issues, such as preventing disease.

To coroners, medical examiners, or a funeral director when an individual dies.

For workers' compensation claims.

For law enforcement purposes or with a law enforcement official.

For special government functions such as military, national security and presidential protective services.

If I have subject use disorder patient records about you, subject to 42 CFR part 2, I cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without 1) your consent or 2) a court order or subpoena.

Changes to this Notice

Please note that this privacy notice may be revised from time to time. The changes will apply to all the information I have about you. The new notice will be available upon request, in my office, and on my website. Please do not hesitate to raise any questions or concerns about confidentiality with Dr. Bennett.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 08/23/2026