

Notice of Privacy Practices

Effective July 21, 2019

My practice follows professional standards and laws to protect your privacy. Federal laws require me to provide you with a notice of my privacy practices. This notice describes how I may use medical information about you and how you can obtain access to this information. Please review it carefully and ask me if you have any questions. If I change or revise this notice, I am required by law to inform you of any such change.

By law, I am required to:

- Make sure medical information that identifies you is kept private
- Give you notice of my legal duties and privacy practices with respect to your medical information
- Explain how, when, and why I use and/or disclose this information
- Follow the terms of such notice

I do not keep electronic records of our treatment sessions. My notes are handwritten. I do not send copies of my notes to other individuals, and will provide treatment summaries only as needed, and only with your written consent.

For treatment: I may use information about you to coordinate my services with others who are involved in your health care for referral purposes, only with your written consent.

For payment: I do not send out bills or statements, payment is expected at the time of service'

As required by law: I may disclose medical information about you when required to do so by federal, state, or local law.

To avert a serious threat to health or safety: I may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public, or another person including situations related to abuse, neglect, or domestic violence. I am required to take steps to prevent you from harming yourself or another person.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, I may disclose medical information about you in response to a subpoena, discovery request, or other legal process. Please note I try to avoid participating in lawsuits or other disputes, and my fees for my time, preparation, or participation in lawsuits is substantially higher than my usual and standard fees.

Psychotherapy notes: Notes have special protection under law. I will not release my notes without your permission, except as required by law.

Your Rights About Your Private Identifiable Information

Request Restrictions: You may request further restrictions on our uses and disclosures of your information. I may not be able to agree to all requested restrictions.

Notice of Privacy Practices (continued)

Different ways to communicate: Typically I will communicate by mailing or phoning your residence or mobile phone. Use of email communication will be limited to scheduling because email is not a HIPAA compliant form of communication.

Right to see and copy information: MY notes are my private property and only for my use in your treatment process.

Right to request amendment of your information: You may request that information about you be amended or changed. You must submit your request in writing. I may deny your request if I did not create the information or if I believe the information is incorrect. Denials will be written and will describe your rights for further review.

Listing of previous disclosures: I do not disclose my notes, as they are my private record for the purpose of maintaining treatment themes, goals, progress, and changes.

Copy of this notice: You may request a copy of this notice at any time.

If you believe I have violated your privacy rights or you want to complain to me about my privacy practices, you may give me written notice and/or you may file a complaint with the U.S. Department of Health and Human Services at the following address:

Secretary of Health & Human Services
US Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Should you file a complaint, action will not be taken against you nor will services to you be changed.

Use and Disclosure of Psychotherapy Notes

The information in this policy applies to all of Dr. Lynch's staff and other contractors granted access to protected health information. You are referred to as "client" and I am "provider" or "psychotherapist".

Psychotherapy Notes: Summary of information such as current state of the client, diagnoses, problems, symptoms, themes of psychotherapy sessions, and other information needed for treatment or payment shall be placed in the client's designated record.

Psychotherapy notes are defined as documentation that captures the provider's impressions about the client, couple, or family containing details or the conversation to be inappropriate for the designated record and are used by the psychotherapist for future sessions. The provider who is documenting or analyzing the contents of the conversation during a private psychotherapy session or a group, joint, or family session can record the psychotherapy notes in any medium.

Release/Authorization of Psychotherapy Notes: Dr. Lynch may not release psychotherapy notes, except in specific situations or if required by law. The authorization for psychotherapy notes may not be combined with an authorization for any other protected health information. Authorization for the disclosure of psychotherapy notes is not required in the following circumstances:

Notice of Privacy Practices (continued)

- For use of the provider for treatment
- For use in supervision or training for supervisees to learn to practice psychotherapy and counseling
- To defend a legal action brought by the client
- For the purposes of the Department of Health and Human Services in determining compliance with the privacy rule (HIPAA-Health Insurance Portability and Accounting Act)
- As otherwise required by law
- By an oversight agency for the lawful purpose related to oversight of the psychotherapist
- To law enforcement in instances of permissible disclosure related to a serious or imminent threat to the health and safety of a person or the public
- To a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law

Receipt and Acknowledgement of Notice of Privacy Practices

I acknowledge that I have received and have been given an opportunity to read *Notice of Privacy Practices*. I understand that if I have any questions regarding this notice of my privacy rights, I may contact Dr. John R. Lynch, Ph.D. I understand that I may revoke, in writing, this authorization at any time except to the extent that action has already been taken in accord with it.

Client's Printed Name _____

Client's Signature (Parent or Legal Guardian if Client is a Minor)

Date _____

- If you refuse to acknowledge receipt of this notice, check this box.

John R. Lynch, Ph.D. LPC

Date _____