

Harmonia:
Madison Center for Psychotherapy, LLP
406 North Pinckney Street □ Madison, Wisconsin 53703 □ 608/255-8838

Privacy and Confidentiality of your written files at Harmonia

The professional staff at Harmonia: Madison Center for Psychotherapy holds information we may be aware of about you in the utmost of confidence. Professional ethics and Wisconsin law require that we do so. With the advent of electronic billing of insurance companies, the federal government has passed an additional law that pertains to the privacy of health information. This law is known as HIPAA. Harmonia: Madison Center of Psychotherapy is not required to bill electronically. When we do, those forms are submitted through secure networks. We continue to submit paper claims to insurance companies in many cases. We are required to inform you of the current privacy laws. Please talk with your therapist if you have any questions about this.

Notice of Privacy Practices

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 notice carefully.

Your health record contains personal information about you and your health. This information about you may identify you and that related to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and professional codes of ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at any time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon your request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, and to the Wisconsin Department of Regulation and licensing.

Specialized Government Functions. If you have served as a military member, we may review requests from U.S. military command authorities, authorized officials for national security and intelligence, and to the Department of State for medical suitability determinations. We will disclose your PHI based on your written consent, mandatory disclosure laws, and the need to prevent serious harm.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of the deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Without Authorization. Applicable law and ethical standards permit us to disclose information

about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- * Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department)
- * Required by Court Order
- * Necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, such as a medication emergency. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Research and Fundraising. Harmonia does not conduct research or fundraising. If research were to be conducted, it could only be done with your authorization after a special approval process.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise these rights, please submit your requests in writing to your therapist.

***Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. You may request a copy be provided to another person.

***Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If your request is denied, you have the right to file a statement of disagreement with us. If we prepare a rebuttal to your statement, we will provide you a copy. Please contact your therapist or the Clinic Manager if you have questions.

***Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

***Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations.

We are not required to agree to your request. If you have paid out of pocket for services, we are required to agree to your request in regards to your PHI for treatment.

***Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

***Breach Notification.** If there is a breach of unsecured PHI concerning you, we will notify you of this breach, including what happened and what you can do to protect yourself.

***Right to a Copy of this Notice.** You have a right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Client Rights Specialist. This professional is listed on your Client Rights Brochure as well as in the waiting room of Harmonia. You can also contact the secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, DC 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.