

PRIVACY POLICY

Last Updated: 09/10/2023

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such 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.

I. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in defending myself in legal proceedings instituted by you.
- c. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
- d. Required by law and the use or disclosure is limited to the requirements of such law.
- e. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- f. Required by a coroner who is performing duties authorized by law.
- g. Required to help avert a serious threat to the health and safety of others.

II. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons. I have to meet certain legal conditions before I can share your information for these purposes:

1. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if I am so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell me that I may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share you information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

IV. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. Ask us how to do this. I will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. I may charge a reasonable cost based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. **The Right to Choose Someone to Act For You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. **The Right to Revoke an Authorization.**
10. **The Right to Opt out of Communications from our Organization.**
11. **The Right to File a Complaint.** You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

V. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such 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.

If there are any questions regarding this privacy policy you may contact us at

Susan Pasco, PHD, LCSW-R
684 Allen Street
Syracuse, NY 13210
315-215-6160

VI. CORRECTING, UPDATING AND REMOVING PERSONAL INFORMATION

You may alter, update or deactivate your account information or opt out of receiving communications from us at any

time. You may send an email to or you may send mail to Susan Pasco, PHD, LCSW-R, 684 Allen Street, Syracuse, NY 13210.

We will respond to your request for access or to modify or deactivate your information within thirty (30) days.

VII. MEDICAL PRIVACY NOTICE

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

A. Who Will Follow This Notice?

Health care practitioners who treat you at any of our locations, including employees, volunteers, and members of our, all departments and operating units of our organization, and all medical practices operated us, other members of our workforce, and our business associates.

B. Your Medical Information

This Section refers to your “medical information”. This means all information that identifies you and relates to your past, present or future physical or mental health or condition including information about payment and billing for the health care services you receive.

C. Our Pledge Regarding Medical Information

We understand that your medical information is personal and we are committed to its protection. We create a record of the care and services you receive to ensure that we are providing quality care and to comply with legal requirements. This notice applies to all your medical information that we maintain, whether created by our staff or others. We are required by law to give you this notice of our legal duties and privacy practices with respect to your medical information, to follow the terms of this Privacy Notice, and to notify you following a breach of the privacy or security of your unsecured medical information.

D. How We May Use and Disclose Medical Information About You

For each category of use and disclosure, we will try to give some examples, although not every use or disclosure in the category will be listed.

i. For treatment. We may use your medical information so that we and other health care providers may provide you with medical treatment or services. Different health professionals may also share your medical information in order to coordinate the different services you need. We may disclose your medical information to people outside our offices and/or locations who may be involved in your medical care after you leave our care.

ii. For Payment. We may disclose your medical information so that treatment and services you receive may be billed by us to a third party. For example, your health plan may need to know about treatment you received so they will pay us for the services provided. We may also disclose your medical insurance information to obtain prior approval from your health plan.

iii. For Healthcare Operations Purposes. We may use and disclose your medical information for our internal operations, such as business management, and administrative activities, legal and auditing functions, and insurance-related activities. We may use medical information to make sure that all of our patients receive quality care, such as reviewing our processes or to evaluate the performance of those caring for you. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may remove information that identifies you from this set of information so others may use it to study healthcare and healthcare delivery without learning a specific patient’s identity. Under certain circumstances, we may disclose your medical information for the health care operations of other health care providers.

iv. Health Information Exchange. We may participate in Regional Health Information Organization (“RHIO”) which arranges for the electronic exchange of health information among health care providers in the state where we are located. We may exchange your health information electronically through RHIO for the purposes described in this Notice. You have the right to request that your information not be included in this exchange.

v. Individuals Involved In Your Care or Payment of Your Care. We may release your medical information to a friend

or family member who is involved in your medical care, or to someone who helped pay for your care.

vi. Notification. We may release your medical information to notify a family member, personal representative or another person responsible for your care of your location, general condition, or death. We also may release your medical information for certain disaster relief purposes.

vii. Contacts. We may contact you to provide appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest to you.

viii. Worker's Compensation. We may release medical information about you for worker's compensation or similar programs, which provide benefits for work related injuries or illnesses.

ix. Mental Health Information. State laws create specific requirements for the release of mental health records. We will obtain your specific authorization to release mental medical information when required by these laws.

x. Drug & Alcohol Treatment Records. Specific rules apply to the release of certain drug and alcohol program records, and we will obtain your specific authorization to release those records as required by Federal regulation 42 CFR, Part 2.

xi. Miscellaneous. We may use or disclose your medical information without your prior authorization for several other reasons. Subject to certain requirements, we may give out your medical information without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, Coroner's investigations, organ donation, and emergencies. We also may disclose medical information when required by law in response to a request from law enforcement in specific circumstances, for specialized government functions including correctional, military or national security purposes, in response to valid judicial or administrative orders or to avoid a serious health threat. Additional specific rules may apply to mental health records.

xii. Other Disclosures. Other uses and disclosures not described above will be made only with your written authorization. For example, we require your signed authorization for uses and disclosure that constitute the sale of your medical information and for most uses and disclosures of psychotherapy notes. Additionally, we will not use or disclose your medical information for marketing purposes unless we have a signed authorization from you except that an authorization will not be required if (a) a communication occurs face-to-face; (b) consists of marketing gifts of nominal value. You may revoke your authorization at any time unless we have relied on your authorization or your authorization was required as a condition of obtaining health care services.

E. Your Rights Regarding Medical Information About You

i. Right to Inspect and Copy. In most cases you have the right to inspect or receive a copy of your medical information (or have a copy provided to an individual whom you designate) when you submit a written request. If your medical record is maintained electronically in a designated record set, you have the right to request a copy of the information in an electronic form and format. We may deny your request in certain circumstances. If you are denied access to your medical information, you may appeal.

ii. Right to Amend. If you believe the information in your record is incorrect or incomplete, you have the right to request an addendum be added to your record by submitting a written request giving your reason. We may deny your request under certain circumstances. If we deny it, we may advise you in writing of the reason or explain your rights to submit a statement of explanation.

iii. Right to an Accounting of Disclosure. You have the right to a list of those instances where we have disclosed your medical information other than for treatment, payment, healthcare operations, or where a disclosure was specifically authorized., for the Hospital's directory, to persons involved in your care, and certain other limited situations. To request an accounting of disclosures, you must submit a written request to our Support Department.

iv. Right to a Paper Copy of this Notice. If this notice was sent to you electronically you have a right to a paper copy of this notice. You may request that we send other communications of protected health information by alternative means, or to an alternative location. This request must be made in writing to the person listed below in Section 13. We are required to accommodate only reasonable requests. Please specify in your correspondence

exactly how you want us to communicate with you; and if you are directing us to send it to a particular place, the contact/address information.

v. Right to Request Restrictions. You may request in writing that we not use or disclose your medical information except when specifically authorized by you, when required by law, or in an emergency. Except in the case of certain requests related to disclosures to health plans, we are not required by law to agree to your request, but we will consider the request. We will inform you of our decision.

vi. Right to Request Restrictions on Disclosures to Health Plans. You may request in writing that we restrict disclosures of your medical information to a health plan for purposes of carrying out payment or healthcare operations if the disclosure is not required by law and the medical information pertains solely to a health care item or service for which you (or a person other than the health plan who is acting on your behalf) have paid us out of pocket and in full at the time of service. We must agree to a request that meets these requirements.

F. Changes to this Notice

We reserve the right to change this Section at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. We will post a copy of our current notice within our facilities and we will post it on our website

G. Complaints and Requests

If you have questions about this notice or want to talk about a problem without filing a formal complaint, please contact Susan Pasco at 215-215-6160

If you believe your privacy has been violated, you may file a complaint with our organization or with the Secretary of the U.S. Department of Health and Human Services. Information about how to file a complaint with the Department of Health and Human Services may be found at the following website:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. You will not be penalized for filing a complaint.

CONTACT INFORMATION

If you have any questions about this Privacy Policy, the practices of this Site or under our Services, your dealings with this Site or our Services please contact us by email or regular mail at the following address:

Susan Pasco, PHD, LCSW-R
684 Allen Street
Syracuse, NY 13210