

MONICA ROMAN, LPC
4818 S 76th Street, Suite 129 Greenfield, WI 53220
www.monicaroman.com
info@monicaroman.com
(414) 305-8285

NOTICE OF PRIVACY PRACTICES (HIPPA)

*We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully and you can keep this for you records.***

HOW WE MAY SHARE YOUR PROTECTED HEALTH INFORMATION (PHI) WITHOUT YOUR WRITTEN AUTHORIZATION

- **Treatment:** I may use and disclose your health information to provide treatment and other services to you. Example: to diagnose and treat your illness or condition. I may also disclose PHI to other providers involved in your treatment.
- **Payment:** I can use and share your health information to bill and get payment from health plans or other entities. Example: I give information about you to your health insurance plan so it will pay for your services.
- **Health Care Operations:** I can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: I use health information about you to manage your treatment and services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me.
- **Public Health Activities:** I may use or share your PHI with public health agencies for reasons such as preventing or controlling disease, injury or disability, to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medication or problems with products.
- **Abuse, Neglect or Domestic Violence:** I must share your protected health information with government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
- **Health or Safety:** I may use or disclose your PHI to prevent a serious threat to you, another person or the public.
- **Family and Friends:** I may disclose health information about you to your family members, friends if I obtain your verbal agreement to do so, unless you object in whole or in part. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you during treatment or while treatment is discussed.
- **Judicial and Administrative Proceedings:** We may disclose your PHI when required by a legal order or other lawful process.
- **Law Enforcement Officials:** We may disclose your PHI in limited situations to law enforcement in response to a warrant, to identify or locate a suspect, to provide information about a victim of a crime or in compliance with a court order or a grand jury or administrative subpoena.
- **Information not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Business Associates:** We may disclose your PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services.
- **Other Uses and Disclosures as Required by Law:** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.
- **Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency that oversees the health care system and government programs such as Medicare and Medicaid for audits, investigations, inspections or licensing purposes.
- **Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on September 19, 2016

MONICA ROMAN, LPC
4818 S 76th Street, Suite 129 Greenfield, WI 53220
www.monicaroman.com
info@monicaroman.com
(414) 305-8285

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

- **Right to Receive Confidential Communications:** You have the right to receive your PHI by alternative means of communication or at alternative locations. The request must be in writing.
- **Right to Request Additional Restrictions:** You have the right to request restrictions of how I use or share your PHI. This includes sharing any information with people you have identified to be involved in your care. The request must be made in writing. I am not required to agree to the restrictions that you request.
- **Right to Restrict Disclosures to a Health Plan:** If you paid out of pocket in full for a specific service, or request that I do not bill your health plan, you have the right to ask that your PHI with respect to those services not be disclosed to your health plan for purpose of payment or health care operations. I will honor that request except where is required by law to make a disclosure. Your request to restrict must be made in writing and should identify: (1) the information to be restricted, (2) the type of restriction being requested and (3) to who the limits should apply.
- **Right to Inspect and get a Copy of Your Medical Record:** You have the right to inspect and receive photocopies of your PHI. This request must be made in writing. Your request may be denied if I determine that the information may be harmful to you or others. If you request copies, I will charge you \$.50 for each page. I will also charge you for postage costs, if you request that I mail the copies to you. If you request a summary of your PHI, I will charge you \$100 for each summary. I will provide a copy or a summary of your health information, usually within 30 days of your request.
- **Right to Revoke Your Authorization:** You may revoke your authorization by requesting in writing. This revocation will only affect future requests for PHI. It will not affect any information already disclosed based on the authorization before it was revoked.
- **Right to Amend Your Records:** You have the right to request in writing that I amend PHI maintained in your medical record file or billing records that you believe is inaccurate. I will comply with your request unless I believe that the information that you request to be amended is accurate and complete or other special circumstances apply.
- **Right to Receive an Accounting of Disclosures:** You have the right to receive a list of disclosures I made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement.
- **Right to Receive Paper Copy of this Notice:** Upon request, you may obtain a paper copy of this Notice at any time.
- **Right to receive Notice of a Breach:** You have the right to be notified upon any breach of any of your unsecured PHI.
- **For Further Information or to File Complaints:** If you desire further information about your privacy rights, are concerned that I have violated your privacy rights or disagree with a decision that I made about access to your PHI, you may contact your therapist first. You can send a written complaint to Tree of Life Counseling Center. You may file a health information privacy and security complaint with the Office for Civil Rights.
- **Right to Change Terms of this Notice:** I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all Protected Health Information that I maintain, including any information created or received prior to issuing the new notice.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on September 19, 2016