

WOMEN'S MENTAL HEALTH COLLECTIVE, INC.

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As healthcare providers we are obligated to adhere to the Health Insurance Portability and Accountability Act, also known as HIPAA, or the HIPAA Privacy Rule.

This document describes how we handle your protected medical information, under what circumstances we share it, how you can get access to it, and your rights surrounding it. We have tried to make it as accessible as possible.

Your health record contains personal identifying information about you and your health. This information, which relates to your past, present or future physical or mental health and health care services, is referred to as Protected Health Information ("PHI"). The document you are reading is called a Notice of Privacy Practices (NOPP), and it describes how we may use and disclose your PHI according HIPAA laws. It also describes your rights about how you may gain access to your PHI. We are required by law to maintain the privacy of PHI and to provide you with this notice, and we are required to abide by its terms. If we change the terms of our NOPP we will provide you with a copy of the revised version by posting a copy in our waiting room, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

As a general rule we will disclose no information about you, or the fact that you are a client at the Women's Mental Health Collective, without your written consent.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed within the Women's Mental Health Collective for the purpose of providing, coordinating, or managing your treatment. This includes consultation with clinical supervisors or Collective members with whom we do peer supervision and share vacation coverage. We will only disclose PHI to any *other* consultant with your *written* authorization.

For Payment. If you are using insurance to pay for therapy we have to disclose some of your PHI so that we can receive payment for the services we provide to you. Other 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,
- undertaking utilization review activities (these last two are initiated by insurance companies, not by us).
- Depositing checks you mail to us for payment (we take turns sorting mail)

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 use locally stored software called Office Therapy to track and generate bills to you and to your insurance company (if you are using insurance to pay for therapy). We submit bills to insurance companies electronically, using an intermediary service called an Electronic Data Interchange (EDI), Trizetto Provider Solutions, which necessitates our disclosing some of your PHI to them. We have in place a written business agreement with Trizetto, which requires it to safeguard the privacy of your PHI.

Disclosures required by law. Under the law, we must disclose 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 HIPAA Privacy Rule.

Disclosures without Authorization. There are several situations in which we might disclose your PHI without your consent. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

Abuse or Neglect of a Child, or an Elder or Incapacitated Adult. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of the abuse or neglect of a child, or an elder or incapacitated adult.

Judicial and Administrative Proceedings. We may disclose your PHI if we receive a subpoena (with your written consent), a court order, an administrative order or something similar.

Deceased Patients. We may disclose PHI regarding deceased patients as required 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 a deceased person's estate, or the person identified as next-of-kin. The PHI of someone who has been dead for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, such as investigations into illegal activities done by a healthcare provider.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, etc., for the purpose of

- identifying a suspect, material witness or missing person,
- in connection with the victim of a crime, in connection with a deceased person,
- in connection with the reporting of a crime in an emergency
- in connection with a crime on the premises.

Workers Compensation. If you file a worker's compensation claim, we required by law, upon request, to submit the relevant PHI to you, your employer, the insurer, or a certified rehabilitation provider.

Specialized Government Functions. We may share your PHI

- With health oversight agencies for activities authorized by law
- For special government functions such as military (if you served in the armed forces), national security, and presidential protective services.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law for the purpose of preventing or controlling disease, injury, or disability, or (if directed by a public health authority) to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of someone or of the public. If information is it will be disclosed to someone reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. We may disclose your information to family members who 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 you may revoke at any time, except to the extent that we have already made a use or disclosure based upon your authorization, including any other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

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

Right to Inspect and Copy your PHI. You have the right to inspect and copy your records and whatever PHI that is maintained here, including billing records. Your rights about this will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. You may also request that a copy of your PHI 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 change or add to the information, although we are not required to agree to do so. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy.
- **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.
- **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 required to agree to your request only if the request is to restrict disclosure of PHI to a health plan for services that you paid for, or plan to pay for, out of pocket.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we are required to notify you about it, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.
- **We will never sell or market any of your information for any reason, or send you fundraising letters of any kind.**

Other uses and disclosures of information not covered by this notice or by the laws that apply to us will be made only with your written permission.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

This Notice of Privacy Practices is effective as of September 2016.