



**NOTICE OF PRIVACY PRACTICES:
Your Information. Your Rights. My Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice is in effect as of July 1, 2018. **Please review it carefully.**

1. My Responsibilities

- I am required by law to maintain the privacy and security of your Protected Health Information (PHI).
- I am required to follow the duties and privacy practices described in this notice, and to give you a copy of it.
- I am required to train any staff so that they understand privacy and confidentiality.
- I am required to have a plan for disciplinary action in place if someone breaks the rules or fails to follow the privacy and confidentiality policies I have in place.
- I am required to let you know promptly if a break occurs that may have compromised the privacy or security of your information.
- I am required to do what I can to decrease any harm to you if a breach occurs.

I will not use or share your information unless you tell me I can in writing, unless I am required to do so by law. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

I have the right to change the terms of this notice based on Jennie Murphy Family Therapy's needs, and changes in the state and federal law. If I change this notice, I will provide you with a revised notice in writing.

2. Your Rights

You have the right to know how I use or share your PHI. These rights include:

- You can ask me for a paper or electronic copy of this notice at any time, for any reason.
- You can ask to see or get a copy of your medical record and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee for this.

I might say "no" to your request if I believe it would cause you harm.

I will not share my personal notes, or information that was given to me by someone else (unless it is another healthcare provider, with the understanding that it would be kept confidential, if sharing it with you would be likely to reveal the source of the information.)

In some cases, if I say "no" to your request, you can ask to have my decision reviewed by another licensed professional within 60 days. This might be the case if I believe that sharing your record with you may harm you or someone else. Ask me if your situation qualifies for a review, and how to go about doing it.

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.



I may say "no" to your request, but I will tell you why in writing within 60 days. Even if I say "no," you can still ask me to attach a letter (written by you) to your records to explain your disagreement. If you do, I might attach my own letter explaining why I did not make the correction in my records.

- You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all disclosures except for those about treatment, payment, and health care operations, and those that you asked me to make. The first list each year is free, but I will charge a reasonable cost-based fee if you ask for this more than once in a 12-month period.
- You can ask me to contact you in a specific way (for example, a specific phone number) or to send mail to a different address. I will say "yes" to all reasonable requests. For simplicity, I encourage you to not share phone numbers or addresses with me if you do not want me to use them.
- You can ask me (in writing) not to use or share certain health information for treatment, payment, or operations. I am not required to agree to your request, and I may say "no" if it would affect your care. If I say "yes", I am required to comply with your request until I inform you in writing that I am going to stop complying, unless there is an emergency.
- You can ask me not to share information about your treatment with your health insurer if you pay for your services out-of-pocket, in full. I will follow your request unless a law requires me to share that information.
- You can ask me (in writing) to share your information or records with someone else, for any purpose you choose. I have a form available for you to make this request if you would like to use it. You can cancel that request if you want me to stop sharing information or records with that person, but I won't be able to take back any information that I have already shared.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.
- You can complain if you feel I have violated your rights by using the contact information on page 3. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Right (their contact information is also on page 3). I will not retaliate against you for filing a complaint.

3. Use and Disclosure of Protected Health Information (PHI)

Jennie Murphy Family Therapy adheres to South Carolina and Federal Law that requires written authorization in order to disclose any PHI. However, by signing the Informed Consent to treat form, you are giving me permission to use or disclose your PHI in the following situations:

- *Payment.* I can use and share your information to bill and get payment from you, from health plans or other entities. This might include verifying your insurance eligibility, benefits and coverage, arranging for a third-party payor at your request, and/or collecting unpaid balances.
- *Administrative Operations.* I can use and share your health information to run my practice, improve your care, and contact you when necessary.
- *Emergencies.* I can use and share your treatment information when doing so is necessary to address an immediate emergency, or if I believe it is necessary to prevent or decrease a serious threat to the health and safety of you or someone else.
- *Judicial Proceedings.* I can share treatment information about you in response to a court or administrative order, or in response to a subpoena, depending on state law.
- *Abuse and Neglect.* I am required by law to share your information with authorities in cases where I suspect child, elder or institutional abuse or neglect.
- *Government Requirements.* I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.



- *Criminal Activity or Danger to Others.* If a crime is committed on my premises or against me, I may share information with law enforcement to apprehend the criminal.
- *Others Involved in Your Care.* I will NOT share the content of your therapy sessions with anyone without your distinct permission. However, you can give permission for me to talk to family members about business-related matters like your appointment times, insurance coverage and billing information.
- *Continuity of Care.* I may contact you to provide information about appointments, or information about treatment alternatives or other related benefits and services that may be of interest to you.
- *Communication.* When communicating with me, I encourage you to communicate via phone call or email, which are both secure forms of communication. If you choose to use to use text message communication, please be aware that those are not HIPPA compliant means of communication and you do so at your own risk.

4. Contact Person for Complaints or Further Information

To request more information about this notice, you may contact me directly. You may complain either directly to me or to the Secretary of Health and Human Services if you believe that I have not properly protected your health information. You will not be retaliated against in any way for filing a complaint.

To file a complaint, you may submit one in writing that includes as many details as possible to:

Jennie S. Murphy, LMFT
Jennie Murphy Family Therapy
205 Bryce Circle, Suite B
Simpsonville, SC 29681
(864) 881-2011
jenniemurphytherapy@protonmail.com

Timothy Noonan, Southeast Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD : (800) 537-7697
ocrmail@hhs.gov

Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints