

Sweater Season Psychological Services, PLLC
Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Sweater Season Psychological Services, PLLC (the “Practice”), provides diagnostic psychological services and therapy.

When you receive care from the Practice, we will create a patient record, which can be paper, electronic, or both. The patient record has information about your medical and/or mental health history and status, your treatments, and your progress. It may also contain sensitive information such as treatment for substance abuse or HIV.

Who Will Follow This Notice?

- The Practice and your individual provider(s)
- All other members of the Practice’s workforce

Summary of Your Rights

You have the right to:

- Get a copy of your paper or electronic patient record
- Correct your paper or electronic patient record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe that your privacy rights have been violated

Summary of Your Choices

You have some choices in the way that we use and share information when we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide psychiatric care

Please note that the Practice does not use or share your information for inclusion in hospital directories, to market services, to sell your information, or to raise funds. If we ever change our policy against such uses and disclosures,

we will not do so without informing you by means of a revised Notice of Privacy Practices, and (to the extent required by law) seeking your consent.

Summary of Our Uses and Disclosures

We may use and share your information to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us by email at hillary@sweatertseasonpsych.com or by phone at (617) 826-8782.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- **We will not retaliate** against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We have no plans to share your information for the following purposes, but be assured that we will never do so without your written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

The Practice does not engage in fundraising. If this changes, we may contact you for fundraising efforts, but you can tell us not to contact you again about that.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: The provider treating you may ask your primary care physician about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We can use health information to monitor the quality of our care and to make improvements.

Example: We may use health information about you to monitor the success of your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from you or other entities.

Example: We may provide certain information about you and your services to the company that processes our bills.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We have no plans to use your information for research purposes. If that should change, we would either use de-identified information (that is, information with all identifying aspects removed and that can never be connected to you) or would request your prior written authorization.

Comply with the law

We 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 we’re complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when a patient dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This notice is effective as of April 20, 2023

PATIENT (OR GUARDIAN/CUSTODIAL PARENT) ACKNOWLEDGEMENT

I hereby acknowledge receipt of this Notice of Privacy Practices.

PATIENT SIGNATURE: _____

PATIENT'S PRINTED NAME: _____

DATE: _____

If the Patient is an unemancipated minor or otherwise incapacitated (physically or mentally):

Signature of Guardian/Custodial Parent

Date

Description of Authority or Relationship: _____