

STRESS Rx, P.C.

Notice of Privacy Practices

This Notice of Privacy Practices tells how information about you can be used/shared by law and describes your rights. The contents of this notice can change at any time, and will apply to any records on file at that time. You may request an updated Privacy Practices notice at any time in writing, by e-mail (stressrx@stressrx.org), or in person during a scheduled appointment.

Written Consent: Your personal information may be disclosed/shared with others as you designate per any signed consent form for the purpose identified in that consent form. Examples of this include to obtain third-party insurance reimbursement for services, communicate with others involved in your therapy, or to coordinate treatment with another provider. Your written consent may be revoked at any time, by you, and is time limited at creation. This form does not constitute “written consent” - written consent is determined on a separate document.

Agency Operations: Non-identifying information about you may be used for professional consultation, training of other therapists, documentation of cases (examples of treatment issues & therapy modes), marketing, or other business activities. Your name will not be shared for these activities. Examples of these activities include conference presentations about the therapist’s interventions, caseload distribution statistics (like diagnoses or age groups), written publications about the therapist’s work and ideas, and quality review of business practices.

Identifying information about you may be shared in verifying appointment times/dates, sending and receiving mail, e-mail, phone calls, communicating with your designated emergency contact for message relaying or locating you, sharing required information to your insurance or third-party payer, bank or credit card transactions, using a billing/collection service to conduct reimbursement activities, and sharing information with parties you agree to have involved in your treatment (such as family, religious leader, educator, or physician).

Personal information about you that is held at this agency will be secured under lock when not being monitored. Examples of items that are kept include: contact information (address & phone), initial assessment, treatment plan, billing information, and session notes. The therapist may carry your contact information (name, phone number, and appointment dates) in a planner or appointment book, in the event that an emergency arises.

Emergencies: We may disclose personal information about you in an emergency situation. An example of this is if you are admitted to an emergency room and another treating professional needs information about you to assist in your care, or there is reasonable suspicion that you intend to harm yourself or another person.

Public Need: We may disclose your personal information as required by law to a public health authority for the purpose of controlling an imminent life-threatening disease. Information could be disclosed to public safety authorities to prevent imminent life-threatening terrorist activities.

Suspected Child Abuse or Neglect: Personal information may be released to child protective services in any case where child abuse or neglect is suspected, reported, or observed.

Suspected Elderly or Handicapped Abuse or Neglect: Personal information will be released to adult protective services in cases of suspected abuse or neglect of elderly or handicapped individuals.

Court: We may disclose personal information due to an authorized court order.

Legal: We may disclose personal information - within applicable legal requirements - for well checks; contacting emergency personnel in the case of a suspected life threatening emergency; defense against legal charges brought by a patient or the representative of a patient; consultation with an attorney contracted by the agency; and in the event that a crime occurs on the premises of Stress Rx, to any property of the employees, or action against an employee.

Criminal Activity: We may disclose personal information to prevent or lessen a serious and imminent threat to the health or safety of an identified victim or the general public. We may also disclose protected health information if it is necessary to assist law enforcement authorities to identify or apprehend an individual who has threatened to do physical harm or kidnapping. The property may be under video surveillance for security purposes. Video content may be released to legal authorities on suspicion or knowledge of child abuse, property damage, or theft.

Internet Uses: Reasonable protective measures will be taken with all internet transactions. This includes protection of computer access and security codes, and firewall use. No e-mail addresses will be shared.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of privacy practice laws.

You have the right to inspect and copy your personal information: This means you may inspect and obtain a copy of personal information about you that is contained in a *designated record set* for as long as we maintain the personal information about you. A “designated record set” contains medical and billing records and any other records that your therapist and Stress Rx use for making decisions about you. A reasonable advance notice is required.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

You have the right to request a restriction of your protected health information: This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your personal information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your therapist is not required to agree to all restrictions that you may request. By law disclosures may not be restricted. Please discuss any concerns or desired restrictions with your therapist.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location: We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing.

You may have the right to have your therapist amend your protected health information: This means you may request an amendment of personal information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to any statement of disagreement and will provide you with a copy of this.

You have the right to receive an accounting of certain disclosures we have made, if any, of your personal information: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Any necessary disclosure(s) will be made consistent with the requirements of applicable federal and state laws.

Complaints: You may complain to us or to the Utah Department of Professional and Occupational Licensing if you believe your privacy rights have been violated by anyone. You may file a complaint with us by notifying Stress Rx, or your therapist, of your complaint. We will not retaliate against you for filing a complaint. Please let us know if there are any improvements we can make in therapy or with how you are treated - we want to provide the very best possible service for you.

PATIENT/PARENT/GUARDIAN APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE