

Body-based Psychotherapy of Metro Detroit, PLLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

**PLEASE REVIEW CAREFULLY
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO ME**

OUR RESPONSIBILITIES

Body-based Psychotherapy of Metro Detroit, PLLC takes the privacy of your/your child's health care information seriously. I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your/your child's health information. I must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect November 9, 2020, and will remain in effect until I replace it.

I reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of our Notice effective for all health information that I maintain, including health information I created or received before I made the changes. Before I make a significant change in my privacy practices, I will change this Notice and make the new Notice available upon request.

You may request a copy of this Notice at any time. For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

I use and disclose health information about you/your child's for treatment, payment, and health care operations. For example:

Treatment: Body-based Psychotherapy of Metro Detroit, PLLC may use health information about you/your child to provide you/your child with treatment, health care or other related services. I may disclose your/your child's health information to doctors or other providers providing treatment to you. Additionally, Body-based Psychotherapy of Metro Detroit, PLLC may use or disclose the health information to manage or coordinate treatment or other related services. (Examples of how I might use and disclose health information for treatment purposes include, for a referral to a physician, for a prescription, or for transfer to another clinician.)

Payment: Body-based Psychotherapy of Metro Detroit, PLLC may use and disclose your/your child's health information to bill and collect for the treatment and services we provide to you/your child. I may send information to an insurance company or other third party for payment purposes.

Healthcare Operations: Body-based Psychotherapy of Metro Detroit, PLLC may use and disclose your/your child's health information in connection with our healthcare operations. These uses and disclosure are necessary to run Body-based Psychotherapy of Metro Detroit, PLLC to make sure you/your child receive competent, quality health care, and to maintain and improve the quality of health care I provide.

As Required By Law: Body-based Psychotherapy of Metro Detroit, PLLC will disclose your/your child's health information when required to do so by federal, state, or local law.

For Public Health Purposes: Body-based Psychotherapy of Metro Detroit, PLLC may disclose your/your child's health information for public health activities.

While there may be others, public health activities generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting problems with medications;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: Body-based Psychotherapy of Metro Detroit, PLLC may disclose your/your child's health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs and compliance with civil rights laws.

Judicial Purposes: Body-based Psychotherapy of Metro Detroit, PLLC may disclose your/your child's health information in response to a court or administrative order.

Law Enforcement Purposes: Body-based Psychotherapy of Metro Detroit, PLLC may release health information if asked to do so by a law enforcement official if such disclosure is:

- Required by law;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim or a crime if, under certain limited circumstances, I am unable to obtain the person's agreement;
- About a death I believe may be the result of criminal conduct;
- About criminal conduct at the Covered Entity; or
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

To Avert a Serious Threat to Health or Safety: Body-based Psychotherapy of Metro Detroit, PLLC may use and disclose your/your child's health information when Body-based Psychotherapy of Metro Detroit, PLLC believes it is absolutely necessary to prevent a serious threat to your/your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

Workers' Compensation: Body-based Psychotherapy of Metro Detroit, PLLC may disclose your health information as authorized by, and to the extent necessary to comply with, worker's compensation laws relating to similar programs.

Consent: Your consent may also be required in order for this office to make uses and disclosures of your/your child's health information, if required by Michigan law.

Your Authorization: In addition to our use of your/your child's health information for treatment, payment or health care operations, you may give me written authorization to use your/your child's health information or to disclose it to anyone for any purpose. If you give me an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your/your child's health information for any reason except those described in this Notice.

Persons Involved in Care: Body-based Psychotherapy of Metro Detroit, PLLC may release health information about you/your child to a family member, other relative or any other person identified by you who is involved in your/your child's health care. Body-based Psychotherapy of Metro Detroit, PLLC may also give information to someone who helps pay for your/your child's care. Body-based Psychotherapy of Metro Detroit, PLLC may also tell your family, friends, personal representative or other person responsible for your/your child's health care that you/your child are a patient/client at Body-based Psychotherapy of Metro Detroit, PLLC. I will also use my professional judgment and experience with common practice to make reasonable inferences of your/your child's best interest in allowing a person to pick up forms of health information.

Marketing Health-Related Services: I will not use your/your child's health information for marketing communications without your written consent.

Abuse or Neglect: Body-based Psychotherapy of Metro Detroit, PLLC may disclose your/your child's health information to appropriate authorities if I reasonably believe that you/your child are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. I will only make this disclosure if you agree, or when required to, or when authorized by law.

National Security: I may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. I may disclose to authorize federal official's health information required for lawful intelligence, counterintelligence, and other national security activities. I may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: I may use or disclose your/your child's health information to provide you with appointment reminders such as voicemail messages or letters. If you do not wish Body-based Psychotherapy of Metro Detroit, PLLC to contact you about appointment reminders, you must notify the person listed at the end of this Notice.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosure of health information not covered by this Notice or the laws that apply to Body-based Psychotherapy of Metro Detroit, PLLC will be made only with your written consent. If you provide me authorization to use or disclose your/your child's health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose health information about you/your child for the reasons covered without written authorization. You understand that I am unable to take back any disclosures I have already made under the authorization, and that I am required to retain our records of the care that we provided to you/your child.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your/your child's health information, with limited exceptions. You may request that I provide copies in a format other than photocopies. I will use the format you request unless I cannot do so. You must make a request in writing to obtain access to your/your child's health information. I will charge you a reasonable cost-based fee for expenses such as copies and staff time. I may also charge you \$1.00 per page for staff time to locate and copy your/your child's health information, and postage if you want the copies mailed to you. If you request an alternative format, I will charge a cost-based fee for providing your/your child's health information in that format. If you prefer, I will prepare a summary or an explanation of your/your child's health information for a fee.

Disclosure Accounting: You have the right to receive a list of instances in which Body-based Psychotherapy of Metro Detroit, PLLC disclosed your/your child's health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before November 9, 2020. If you request this accounting more than once in a 12 month period, I may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request a restriction or limitation on the health information I use to disclose about you/your child for treatment, payment or health care operations. You also have the right to request a limit on the health information I disclose about you/your child to someone who is involved in you/your child's care or the payment for that care. In most cases, I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.

Alternative Communication: Typically, I communicate with you regarding you/your child's health care either through your home phone or through the mail at your home address. You have the right to request that I communicate with you or your responsible party about you/your child's health care in an alternative way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about you/your child's health care. To inspect and copy health information that may be used to make decisions about you/your child, you can submit your request in writing or orally to the Privacy Officer. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, and/or supplies associated with your request.

Right to Amend: You have the right to ask us to amend your/your child's health and/or billing information for as long as the information is kept by Body-based Psychotherapy, PLLC. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information that:

- Was not created by me, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Body-based Psychotherapy of Metro Detroit, PLLC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask me to give you a copy of this Notice at any time.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact me. If you are concerned that I may have violated your/your child's privacy rights, or you disagree with a decision I have made about access to your/your child's health information, or in response to a request you made to amend or restrict the use or disclosure of your/your child's health information, or to have me communicate with you by alternative means or at alternative locations, you may file a complaint to me using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. I will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. I support your right to the privacy of your/your child's health information. I will not retaliate in any way if you choose to file a complaint with me or with the U.S. Department of Health and Human Services.

Privacy Officer: Lynn Lombardo, MA, LLP

Telephone Number: (248) 561-6208