

**Jennifer L. Valli, LCSW
1384 Cordova Cove, Suite #1
Germantown, TN 38138**

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship. You will find Jennifer L. Valli, LCSW will do all she can to protect the privacy of your mental health records.

As required by “HIPAA”, this explanation was prepared to explain how therapists are required to maintain the privacy of your health information and how J. L. Valli, MSW, LCSW may use and disclose your health information.

The mental health licensing law provides extremely strong privileged communication protections for conversations between your mental health provider and you. There is a difference between privileged conversations and documentation in your mental health records. Records are kept, documenting your care, as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your “designated medical record” as well as some material, known as “Psychotherapy Notes” which is not accessible without your authorization to insurance companies and other third-party reviewers.

HIPAA provides privacy protections about your personal health information. We may use and disclose your medical and mental health records *without authorization* for each of the following: treatment, payment and health care. These functions require release of “protected health information” (PHI). Below, we have defined these three (3) functions: *treatment, payment, and health care operations*.

- **Treatment Purposes** refers to J. Valli, LCSW coordinating or managing your mental health care treatment. Examples of this would a counseling session in which the healthcare provider records information in the health record. Or during the course of your treatment, the treating provider determines she will need to consult with another specialist in the area. She may share the information with such specialist to obtain his/her input. Also, this includes communication between Jennifer L. Valli, LCSW and any other treating provider for the purpose of providing health care to you. While this is permitted by HIPPA, Ms. Valli’s standard practice is to require written releases for this information in many situations.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. Examples of this would be sending a bill for your visit to your insurance company for payment or the health insurance company or a business associate helping us obtain payment, and then requesting information from us regarding your medical care. She will provide information to them about you and the care given.
- **Health care operations** include the business aspects of running her practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis,

and customer service. An example would be an internal quality assessment review. She will share information about you only if it is necessary to obtain and continue your services.

Routine Uses and Disclosures

The use of your protected health information is necessary to perform routine activities at our office such as filing insurance claims, scheduling appointments, keeping records and other tasks. You will not need a written authorization to allow us to perform these duties for you.

She may contact you via telephone (a message may be left) or mail to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. She will not require your authorization.

She may also create and distribute de-identified health information by removing all references to individually identifiable information for marketing or research. She will not require your authorization.

Unless required by law, most other uses and disclosures will be made only with your written authorization. You may revoke such authorizations in writing, except to the extent that we have already taken actions relying on your authorization; we refer to this as “Authorized Non-Routine Disclosures”.

Uses and Disclosures of Protected Health Information Requiring Authorization, Authorized Non-Routine Disclosures

Tennessee requires the provider to get authorization and consent for treatment, a release of payment and to conduct healthcare operations. HIPAA does nothing to change this requirement by law in Tennessee. She may disclose Protected Health Information (PHI) for the purposes of treatment, payment, and healthcare operations without your consent.

Additionally, if you ever want Ms. Valli’s office to send any of your protected health information of any sort to anyone outside our office, you will always first sign a specific authorization to release information to this outside party unless stated otherwise in the PHI section of this Notice. The release is available upon request.

There is a third, special authorization provision potentially relevant to the privacy of your records: Psychotherapy Notes. In recognition of the importance of the confidentiality of conversation between mental health providers and patients in treatment setting, HIPAA permits keeping separate “Psychotherapy Notes” separate from the overall “designated medical record”. Insurance companies cannot secure “Psychotherapy Notes” without your written authorization. “Psychotherapy Notes” are the notes “recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and that are separated from the rest of the individual’s “designated medical record.” A patient’s authorization is required for the use and disclosure of psychotherapy notes except for use by the originator of the notes for treatment, or for use or disclosure by the covered entity for its own mental health training programs, or use or disclosure by the covered entity to defend itself in a legal action or other proceedings brought by the patient or guarantor; and/or when required by law.

“Psychotherapy Notes” are necessarily more private and contain much more personal information about you, hence the need for increased security of the notes. “Psychotherapy notes” are not the same as your “progress notes” which provide the following information about your care each time you have an appointment at our office: medication prescriptions and monitoring, assessment/treatment start and stop

times, the modalities of care, frequency of treatment furnished, results of clinical test, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

USES AND DISCLOSURES NOT REQUIRING CONSENT OR AUTHORIZATION

By law, the following protected health information may be released without your consent or authorization:

- Child abuse
- Suspected sexual abuse of a child
- Adult and Domestic Abuse
- Health Oversight Activities (i.e., licensing boards for mental health providers in Tennessee)
- Judicial or administrative proceedings (i.e., if you are ordered here by the court for an independent child custody evaluation in a divorce)
- Serious Threat to Health or Safety (i.e., our “Duty to Warn” Law, national security threats)
- Workers Compensation Claims (if you seek to have your care reimbursed under workers compensation, all of your care is automatically subject to review by your employer and/or insurer(s), except Psychotherapy Notes. If requested, we will obtain your written authorization before releasing any Psychotherapy Notes, unless required by law.
- Disclosures to coroners, medical examiners, and funeral directors
- Disclosures to organ procurement organizations

Your Health Information Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to Ms. Valli – she is not required to grant the request but she will respond to any request;
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”);
3. Right to inspect and copy your records in the designated mental health record set and billing record – you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request; or you have the right to appeal a denial of access to your protected health information except in certain circumstances;
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
5. Right to receive an accounting of non-authorized disclosures of your health information as required to be maintained by law by delivering a written request to her office using the form she provide to you upon request. An accounting will not include internal uses of information from treatment, payment, or operations, disclosures made to you or made at your request, or non-medical records (clinical information) disclosures made to family members or friends in the course of providing care;
6. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in

writing to her office using the form she gives you upon request; Example would be you may not want your bills sent to your home address so you may request them to be sent to another location of your choosing;

7. Right to revoke your authorization of your protected health information except to the extent that action has already been taken; and,

If you want to exercise any of the above rights, please contact Jennifer L. Valli (901) 753-7700, 1384 Cordova Cove, Suite #1, Germantown, TN 38138, in person or in writing. She will provide you with assistance on the steps to take to exercise your rights.

Jennifer L. Valli's Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by the state and federal law;
- Provide you with a notice of her duties and privacy practices;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you; and
- Accommodate your request for an accounting of non-authorized disclosures

She appointed herself as a "Privacy Officer" for her practice per HIPAA regulations. If you have any concerns of any sort that her office may have somehow compromised your privacy rights, please do not hesitate to contact Ms. Valli, the "Privacy-Complaint Officer" immediately about this matter. You will find she is always willing to talk to you about preserving the privacy of your protected mental health information.

Ms. Valli reserves the right to amend, change, or eliminate provisions in her privacy practices and access practices and to enact new provisions regarding the protected health information she maintains. If her information practices change, she will amend her Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy or by visiting her office and picking up a copy.

Please contact us for more information by asking to speak to our Privacy Officer or for written enquiries, note "Attention Privacy Officer".

For more information about HIPAA or to file a complaint, contact:

The U.S. Department of Health and Human Services
Office of Civil Rights