

Notice of Privacy Practices

DIALOGO THERAPY

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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 05/06/23

NOTICE OF PRIVACY PRACTICES

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

I. MY COMMITMENT TO YOUR HEALTH INFORMATION:

As required by law, I must maintain the privacy and security of your protected health information ("PHI") and provide you with this Notice of Privacy Practices ("Notice"). I am obligated to adhere to the terms outlined in this Notice and inform you in the event of a breach of your unsecured PHI.

Changes to the terms of this Notice may occur, and these changes will be applicable to all information I have about you. The updated Notice will be accessible upon request, in my office, and on my website.

With the exceptions outlined below, I will only use and disclose your PHI with your written authorization ("Authorization"). You have the right to revoke this Authorization at any time by providing written notice of your decision to revoke it.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations **Do Not Require** Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

1. **For Your Treatment:** I may use and disclose your PHI to treat you effectively, which may involve sharing it with other healthcare professionals. For instance, if you're under the care of a physician or psychiatrist, I may share your PHI with them to ensure coordinated treatment. However, I prefer to have your Authorization for such disclosures.
2. **To Obtain Payment for Your Treatment:** Your PHI may be used and disclosed for billing and payment purposes related to the treatment and services provided by me. For instance, I might share your PHI with your insurance company to facilitate payment for the healthcare services rendered. Nevertheless, having your Authorization for such disclosures is preferred.

3. **For Health Care Operations:** I may use and disclose your PHI for conducting health care operations specific to my practice, including necessary communications with you. For example, I may need to disclose your PHI to my attorney for advice on legal compliance matters.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes:** I do not maintain "psychotherapy notes" as defined in 45 CFR § 164.501. Instead, I keep a record of your treatment, which you may request at any time. Additionally, you can ask for a summary of your treatment. There may be reasonable, cost-based fees associated with copying the record or preparing the summary.
2. **Marketing Purposes:** As a psychotherapist, I refrain from using or disclosing your PHI for marketing purposes.
3. **Sale of PHI:** I do not engage in selling your PHI as part of my regular business operations.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations mandated by law, I can use and disclose your PHI without your Authorization for the following reasons:

1. **Required by Law:** When disclosure is mandated by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. **Public Health Activities:** This includes reporting suspected cases of child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. **Health Oversight Activities:** Such as audits and investigations conducted by regulatory bodies.
4. **Judicial and Administrative Proceedings:** This involves responding to court or administrative orders. However, my preference is to obtain your Authorization before doing so.
5. **Law Enforcement Purposes:** Including reporting crimes that occur on my premises.
6. **Coroners or Medical Examiners:** When these individuals are performing duties authorized by law.
7. **Research Purposes:** Including studies comparing the mental health of patients who received different forms of therapy for the same condition.
8. **Specialized Government Functions:** This encompasses ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counter-intelligence operations, or ensuring the safety of individuals within correctional institutions.
9. **Workers' Compensation Purposes:** While my preference is to obtain your Authorization, I may provide your PHI to comply with workers' compensation laws.
10. **Appointment Reminders and Health-related Benefits or Services:** I may use and disclose your PHI to remind you of appointments or inform you about treatment alternatives, health care services, or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person involved in your care or payment for your health care, unless you object in whole or in part. Consent may be obtained retroactively in emergency situations.

VI. YOUR RIGHTS REGARDING YOUR PHI:

- 1. The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. While I'm not required to agree to your request, I'll consider it carefully. However, I may decline if I believe it could impact your health care.
- 2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full:** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or service that you've paid for out-of-pocket in full.
- 3. The Right to Choose How I Send PHI to You:** You can ask me to contact you in a specific way, such as via home or office phone, or to send mail to a different address. I will accommodate all reasonable requests.
- 4. The Right to See and Get Copies of Your PHI:** Excluding psychotherapy notes, you have the right to receive an electronic or paper copy of your medical record and other information I have about you. I'll provide the requested record or a summary within 30 days of receiving your written request. A reasonable, cost-based fee may apply.
- 5. The Right to Get a List of the Disclosures I Have Made:** You can request a list of instances in which I've disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I'll respond to your request within 60 days, providing disclosures made in the last six years unless you specify a shorter time. There's no charge for the first request in a year, but subsequent requests may incur a reasonable fee.
- 6. The Right to Correct or Update Your PHI:** If you believe there's a mistake in your PHI or important information is missing, you can request corrections or additions. I'll respond within 60 days and provide a written explanation if I decline your request.
- 7. The Right to Get a Paper or Electronic Copy of this Notice:** You have the right to receive a paper copy of this Notice, and you can also request a copy via email. Even if you agreed to receive this Notice via email, you can still request a paper copy.

VII. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you believe that your privacy rights may have been violated, you have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can do so by:

- 1. Sending a letter** to 200 Independence Avenue, S.W., Washington, D.C. 20201.

2. **Calling** 1-877-696-6775.

3. **Visiting** www.hhs.gov/ocr/privacy/hipaa/complaints
(<http://www.hhs.gov/ocr/privacy/hipaa/complaints>).

Please be assured that I will not retaliate against you for filing a complaint about my privacy practices. Your rights and privacy are of utmost importance to me.

VIII. ACKNOWLEDGMENT OF RECEIPT OF NOTICE of PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

BY SIGNING BELOW:

- **I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**
- **I ACKNOWLEDGE THAT I HAVE RECEIVED THIS COPY OF NOTICE OF PRIVACY PRACTICES FROM DIALOGO THERAPY.**

Revised on July 25th, 2024