

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
PLEASE REVIEW CAREFULLY.**

This Notice of Privacy Practices describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights with regard to your health information.

My Responsibilities:

I am required, by law, to protect the privacy of your health information and will not use or disclose it without your permission, except as described in this Notice. If I change my practices and this Notice, the updated Notice will be made available to you upon request.

Throughout this Notice, I will use the term “protected health information” or PHI. PHI is information about you that may identify you and that relates to your past, present, or future physical or mental health condition and health care services.

How I Will Use and Disclose Your Health Information:

I will use and disclose your health information as described in general in each category listed below. The categories do not describe all specific uses or disclosures of health information.

Uses and Disclosure That May Be Made For Treatment, Payment and Operations

1. **For Treatment and Payment.** I will disclose your health information for purposes of billing through your insurance company, provided insurance is used.
2. **For Health Care Operations.** I will use and disclose health information about you without your authorization for health care operations. These uses and disclosures make sure that my clients receive quality of care. These activities may include utilization review, quality management activities, supervision, and general administrative activities. I may also use and disclose your health care information to contact you and remind you of your appointment.

Uses and Disclosures That May Be Made Without Your Authorization

1. **When a disclosure is required by federal, state, or local law, judicial or administrative proceedings or law enforcement.** For example, if you are involved in a lawsuit or dispute, I may disclose your PHI in response to a court or administrative order. I may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.
2. **Food and Drug Administration (FDA):** I may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.

3. **Worker's Compensation:** I may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
4. **Public health and health oversight activities:** As required by law, I may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability. I may also provide information to coroners, medical examiners, and funeral directors as necessary for these persons to carry out their duties. I may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
5. **Specific Government Functions:** For example: if you are a member of the armed forces, I may release PHI about you as required by the military command authorities. I may also disclose your PHI to authorized federal officials for national security purposes, such as protecting government officials and performing intelligence activities or investigations.
6. **Business Associates:** There may be some services provided by or to me through contracts with business associates such as billing companies. When these services are contracted for, I may disclose your PHI to my business associates so that they can perform the job I have asked them to do. I would require these business associates to appropriately safeguard your information.
7. **Notification:** I may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
8. **Correctional institution:** If you are or become an inmate of a correctional institution, I may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.
9. **To Avert a Serious Threat to Health or Safety:** I may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
10. **Victims of Abuse, Neglect, or Domestic Violence:** I may disclose your PHI to a social service or protective services agency, if I reasonably believe you are a victim of abuse, neglect or domestic violence. I will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and I believe it is necessary to prevent serious harm to you or someone else, or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Before using or disclosing your PHI for any other purposes, I will obtain your written authorization. You may withdraw or "revoke" an authorization in writing at any time. After I receive your written revocation, I will stop using or disclosing your PHI, except to the extent that I have already taken action in reliance on the authorization.

Your Rights:

- A. **You have the right to access your PHI:** You have the right to look at and copy PHI about you contained in your medical and billing records for as long as I maintain information. To look at or copy your PHI, please send a written request to me at 165 Main Street, Suite 302, Medway, MA 02053. If you request a copy of the information, I may charge you a fee for the costs of the copying, mailing, or other supplies that are necessary to grant your request. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time. I may deny your request in certain limited circumstances. If you are denied the right to see or copy your PHI, you may request that the denial be reviewed by a licensed healthcare professional not directly involved in the original decision to deny access. Once the review is completed, I will honor the decision made by the license health care professional reviewer.

- B. You have the right to amend PHI in your record:** If you feel that PHI I have about you is incomplete or incorrect, you may request that I correct or update (amend) the information. You may request an amendment for as long as we maintain your health information. To request an amendment, you must send me a written request to me at 165 Main Street, Suite 305, Medway, MA 02053. In addition, your request must include your reasons for your request. In certain cases, I may deny your request for an amendment. If I deny your request for an amendment, you have the right to file a statement of disagreement with the decision and I may prepare a response to your statement, which I will provide to you. You may ask that the requested amendment and my denial be attached to all future disclosures of the health information that is the subject of your request. If I approve the amendment, I will work with you to inform others who may need to be informed of the amendment.
- C. You have the right to request a list of the disclosures of your information:** You have the right to receive a list “accounting” of the disclosures I have made of your PHI for most purposes other than treatment, payment, or health care operations. The accounting will not include disclosures we have made directly to you, and disclosures for notification purposes. The right to receive an accounting is subject to certain other limitations. To request an accounting, you must submit your request in writing to me. Your request must state the time period, but may not be longer than six years. The first accounting you request within a twelve month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
- D. You have the right to request communications of your information by alternative means or alternative locations**
For instance, you may request that I contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit your request in writing to me. Your request must state how or when you would like to be contacted. I will accommodate all reasonable requests.
- E. You may withdraw your authorization to use or disclose PHI except the extent that action has already been taken.** You may withdraw or “revoke” an authorization in writing at any time. Upon receipt of the written revocation, I will stop disclosing your PHI, except to the extent that I have already taken action in reliance on the consent. I may refuse to continue to treat an individual that revokes his or her authorization.

For more information or to report a problem:

If you have questions or would like additional information about my privacy practices, you may contact me by phone at 774-277-8070 by telephone. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will not be retaliation for filing a complaint.

Kathy Cumming, MA, CAGS, LMHC (MA 5909)

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774-277-8070

