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## **(HIPAA) Notice of Privacy Practices**

When you receive psychotherapy services from me, I create a record of the services that you received. I need this record in order to provide you with quality care and to comply with legal requirements. I understand that health information about you and the health/mental health care you receive is very personal, and I am committed to protecting your personal health information. It is also my legal duty to do so, and to provide you with this notice about my privacy procedures. **This notice describes how psychological and medical information about you may be used and disclosed in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), and how you can get access to this information. Please review it carefully.**

With some exceptions, I may not use or disclose more of your protected health information (“PHI”) than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this notice. Any new notices of privacy practice and updates to the law or its rules will be available to you on my website.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

I may use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not:

**For treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. However, I generally will not do so without first discussing this with you. For example, if a psychiatrist or physician is treating you, I may disclose your PHI to her/him in order to coordinate your care.

**For payment.** I may use and disclose your PHI to bill and collect payment for the treatment services provided to you. Examples of payment-related activities include making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If in the unlikely event that it were to become necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for the purposes of collection.

**For health care operations.** These are activities that relate to the efficient performance and correct operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, case management and care coordination, and billing services.

**As required by law.** Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Other disclosures that do not require your consent or authorization.** Your consent isn’t required if you need emergency treatment, provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent, but you are unable to communicate with me (for example, if you are unconscious or in severe pain), but I think that you would consent to such treatment if you could, I may disclose your PHI. **Additionally,**

**the following is a list of the categories of uses and disclosures that do not require your consent or authorization:**

**Child abuse or neglect.** If I have reasonable cause to suspect that a child is abused or maltreated, where the parent, guardian, custodian, or other person legally responsible for such child comes before me and states from personal knowledge facts, conditions, or circumstances, which, if correct, would render the child an abused or maltreated child, I must report such abuse or maltreatment to the local child protective services agency.

**Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you, and/or the records thereof, such information is privileged under federal and D.C. law, and I will not release this information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party, or where the evaluation is court ordered. I will inform you in advance, if this is the case.

**Deceased patients.** I may disclose PHI regarding deceased patients as mandated by law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin.

**Medical emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Family involvement in care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health oversight:** If there is an inquiry or complaint about my professional conduct made, I must furnish to this organizing body your confidential mental health records relevant to this inquiry. If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance (such as a third-party insurance payor, based on your prior consent, to perform utilization and quality control).

**Law enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized government functions.** I may review requests from U.S. military command authorities, if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons, and from the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws, and the need to prevent serious harm.

**Public health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority.

**Public safety.** I may disclose your PHI if necessary to protect you or others from a serious threat of harm by you. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Research.** PHI may only be disclosed after a special approval process or with your authorization.

**Verbal permission.** I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes, which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI (though this will not apply to you in my practice); and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

**To exercise any of the following rights, please submit your request to me in writing** (Karen Osterle, MSSA, LICSW, at 1234 19<sup>th</sup> Street NW, Suite 901, Washington, DC 20036):

- **Right to inspect and get copies of your PHI** – In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. You will receive a response from me within 30 days of my receiving your written request. If you ask for copies of your PHI, I will charge you not more than 25 cents per page. I may provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance. I may deny your access to PHI under certain circumstances, but if I do, I will give you, in writing, the reasons for the denial (e.g., if there is compelling evidence that access would cause serious harm to you, or if the information is contained in separately maintained psychotherapy notes). I will also explain your right to have my decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to amend** – If you believe that there is some error in your PHI, or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. I promise to take your request seriously. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI I have is (a) correct and complete, (b) forbidden to be disclosed or re-disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request, and my denial, be attached to any future disclosures of your PHI. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI, if requested.
- **Right to an accounting of disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. The list will not include disclosures made for national security purposes, to corrections or law enforcement personnel. Disclosure records will be held for six years.
- **Right to request limits on uses and disclosures of your PHI** – You have the right to ask that I limit how I use and disclose PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them, except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make. (I am not required, for example, to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.)
- **Right to request confidential communication.** It is your right to ask that your PHI be sent to you by alternative means and/or at an alternate address, or that I communicate with you about health matters in a certain way or at a certain location. (For example, you may not want a family member to know that you are

seeing me. Upon your specific request, I will send your bills to another address, or communicate with you verbally in my office during a time that we set up for this.) I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition accommodating your request. You are not required to provide me with an explanation as to why you are making the request.

- **Breach notification.** If there is a breach of unsecured PHI concerned concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a paper copy of this notice.** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically, or have already received an earlier paper copy. I will not charge for this.

### **Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, it is my sincere hope that you would contact me directly.

If you believe that your privacy rights have been violated, you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, the office that oversees HIPAA, at 200 Independence Avenue, SW, Washington, DC 20201, or by calling (202) 619-0257. Understand that you have important specific rights under the Privacy Rule.--If you file a complaint about my privacy practices, know that I will NOT retaliate against you.

**The effective date of this updated Notice is March 1, 2017.** I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain, in accordance with the law. I will have the latest Notice available to you on my website for your convenience, and if you have any questions regarding your privacy rights, please feel free to ask me.