Christine Dievendorf Weiss, PLLC

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HIPAA Notice of Privacy Practices

Your Information * Your Rights * Our Responsibilities

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.

"Protected Health Information" (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

Your Rights Regarding your PHI

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with laws that may be in place now or in the future

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask

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Ask us how to do this.

● We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communication

● You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

● We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

● You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

● If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

● You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

● We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

● If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

● We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

● You can complain if you feel we have violated your rights by contacting us at [insert contact email]

● You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

● We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

● Share information with your family, close friends, or others involved in your care If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information
when needed to lessen a serious and imminent threat to health or safety. In these cases we never share your information unless you give us written permission.

● The sharing of psychotherapy notes

Other Uses or Disclosures

IF you give us permission, how would we typically use or share your health information? We typically use or share your health information in the following ways:

● We can use your health information and share it with other professionals who are treating you. Example: Your physician and I may need to coordinate your care.

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● We can use [illegible] you when necessary. Example: We use health information about you to manage your treatment and services.

Bill for services

● We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Do research

● We can use or share your information for health research.

Comply with the law

● We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We can use or share health information about you:

● For workers' compensation claims
● For law enforcement purposes or with a law enforcement official
● With health oversight agencies for activities authorized by law
● For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

● We can share health information about you in response to a court or administrative order

Our Responsibilities

● We are required by law to maintain the privacy and security of your protected health information.
● We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
● We must follow the duties and privacy practices described in this notice and give you a copy of it.
● We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

SMS Terms and Conditions

Types of SMS Communications:
If you have consented to receive text messages Christine Dievendorf Weiss, PLLC, you may receive messages related to the following:
-Appointment reminders
-Follow-up messages
-Billing inquiries
-Scheduling changes

Example: "Hello, this is a friendly reminder of your upcoming appointment with Christine Dievendorf Weiss, PLLC at 5400 Holiday Terrace, Suite 200A on July 1 at 3:00pm. Reply STOP to opt out of SMS messaging at any time."

Message Frequency:
Message frequency may vary. You may receive several or fewer SMS messages per week related to your appointments and account status.

Potential Fees for SMS Messaging:
Please note that standard message and data rates may apply, depending on your carrier's pricing plan. These fees may vary if the message is sent domestically or internationally.

Opt-In Method:
You may opt-in to receive SMS messages from Christine Dievendorf Weiss, PLLC in the following ways:
-By submitting an online form

Opt-Out Method:
You can opt o nessage you receive. Alter

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Help:

If you are experiencing any issues, you can reply with the keyword HELP, or you can get help directly from us at www.christineweisscouneling.com.

Additional Options:
If you do not wish to receive SMS messages, you can choose not to check the SMS consent box on our forms.

Standard Messaging Disclosures:
Message and data rates may apply.
You can opt out at any time by texting "STOP."
For assistance, text "HELP" or visit our Privacy Policy and Terms and Conditions pages at www.christineweisscounseling.com.
Message frequency may vary.

SMS Sharing and Disclosures

SMS opt-in and phone numbers collected for SMS consent will not be shared with any third party and affiliate company.

Message frequency may vary. Message and data rates may apply. For help, text HELP or go to www.christineweisscounseling.com. To discontinue messaging, text STOP.

By placing your signature below, you attest that you have read and understand your rights and responsibilities under federal law regarding your PHI.

Sign Below:

Client Legal Name - First, Last

Date of Birth

Today's Date
mm/dd/yyyy

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