

Angelynn Hermes, MSW, LCSW no. 88997

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## **Notice of Privacy Practices**

This notice concerns your privacy rights and describes how information about you may be disclosed and how you can obtain access to this information. Please review it carefully.

Your health record contains personal information about you and your health that is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use or disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations under HIPAA including the HIPAA Privacy and Security Rules, and the National Association of Social Workers Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with this notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices, and I reserve the right to change the terms of this notice at any time. Any new Notice will be effective for all PHI that I maintain at that time and I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at our next appointment.

In general, information you share with me during the course of services, including the fact that you are receiving services, is confidential information that I will not share with others without your written consent, with some exceptions mandated by law and some related to my policies. My records describe the services provided to you and contain the dates of our sessions, diagnosis, functional status, symptoms, prognosis, and progress.

### **How I May Use and Disclose Health Information About You**

*For Treatment:* Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing care and services. This includes consultation with other mental health professionals. When I find it helpful to consult, I will make every effort to avoid revealing identifying information. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

*For Payment:* I may use and disclose PHI so that I can receive payment for the services provided to you. However, I do not routinely disclose information in such circumstances, so I will require your permission in advance, either through your consent at the onset of our relationships, or through your written authorization when the need for disclosure arises. You may revoke your permission, in writing, at any time. If it becomes necessary to use collection

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processes due to lack of payment, I will only disclose the minimum amount of PHI necessary for purposes of collection.

*For Health Care Operations:* I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. I may share your PHI with third parties that perform various business activities. In such cases I will have a written contract with the business that requires it to safeguard the privacy of your PHI. Those entities with whom I currently have such agreements include:

- Proton Technologies AG, a corporation which operates Proton Mail and provides secure, encrypted email communication and observes standards of practice to comply with HIPAA for the security and privacy of information transmitted for business purposes.
- RingRX, LLC, a corporation which operates RingRX and my practice telephone number, text number, and fax number, and observes standards of practice to comply with HIPAA for the security and privacy of information transmitted for business purposes.
- Zoom, a video conferencing software which operates Zoom HIPAA Services, a version of the company's video conferencing software that meets internal and external standards of security and privacy to protect user's private data, as well as maintains SOC 2 certification for standards of security, availability, confidentiality and privacy.
- Doxy.me, LLC, a telemedicine service provider which operates Doxy.me video conferencing software and observes standards of practice to comply with HIPAA for the security and privacy of information transmitted for business purposes.
- VSee, a telemedicine service provider which operates VSee.com video conferencing software and observes standards of practice to comply with HIPAA for the security and privacy of information transmitted for business purposes.
- EMPS, LLC, a corporation which operates nTreatment electronic health record software and observes standards of practice to comply with HIPAA for the security and privacy of information I share for business purposes.

For more information regarding my practices regarding email and telephone privacy, see the section "Email, Phone, and Text Communication" below in this agreement.

*Required by Law:* Under the law I must disclose your PHI to you or provide a summary of your PHI upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services related to compliance with the requirements of the Privacy Rule. I must disclose PHI when specifically required by law.

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*Verbal Permission:* I may also use or disclose your information to family members that are directly involved in your treatment with your verbal and/or written permission. In such cases, we will discuss the purpose and contents of such disclosures ahead of time.

*With Authorization:* Other uses and disclosures not specifically permitted by 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 on your authorization.

## **Disclosures of PHI That May Occur Without Your Authorization**

The following is a list of types of disclosure that HIPAA permits without your authorization. Legal and ethical standards only permit me to disclose information about you without your permission in a limited number of situations. As a social worker licensed in the state of California and in accords with the National Association of Social Workers' Code of Ethics, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. If such circumstances arise, I will make efforts to provide you with relevant information and reminders about the disclosures except for in cases where I believe doing so would pose risk of harm to yourself or another person.

*Child, Dependent Adult, or Elder Abuse, Neglect or Exploitation:* If I have reason to suspect that a child, dependent adult, or elder (person 65 or older) is being abused, neglected, or exploited I am required by California law to immediately make a report to the relevant county agency.

*Emergency:* If you are involved in a life-threatening or medical emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so or if I believe it will be helpful to you. I will try to provide a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

*Public Safety:* I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. 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.

*Risk of Harm to Self:* If you threaten to harm yourself, kill yourself, or demonstrate incapacity to keep yourself safe, I may contact others who can help provide protection or seek hospitalization for you. If such a situation were to occur, I would make every effort to fully discuss these possible interventions with you before taking any action to create mutually agreed upon plan for your safety.

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*Health Oversight, Public Health, Judicial, Specialized Government Functions:* If required, I may disclose PHI:

- to a health oversight agency for activities authorized by law such as audits, investigations, and inspections.
- in response to a subpoena, court order, administrative order or similar process.
- in complying with the Patriot Act of 2001
- in response to 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 to 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.
- for public health activities to a public health authority or designated government agency authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability.
- for research purposes only after a special approval process.

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

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

## **Your Rights Regarding Your PHI**

You have the following rights regarding your PHI. To exercise any of these rights, please provide me a written request via mail or email.

*Right of Access to Inspect and Copy:* You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. You may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

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*Right to Amend:* If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. 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.

*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.

*Right to Request Restrictions:* You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required 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:* You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.

*Breach Notification:* If there is a breach of unsecured PHI 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 Copy of this Notice:* You have the right to a copy of this notice.

## **COMPLAINTS**

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with me or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

**The effective date of this Notice is February 1, 2021**