



**Notice of Privacy Practices:**  
Health Insurance Portability & Accountability Act (HIPAA)

Updated January 2021

**This notice describes how protected medical and mental health information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.**

We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information (PHI). In conducting business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. You may request a copy of the most current Notice at any time.

**Uses and disclosures of PHI**

The following categories describe the different ways we may use and disclose your PHI.

1. **Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your mental health treatment. I may also disclose your health information to other health care providers who may be treating you. For example, if a psychiatrist is treating you, we can disclose your PHI to your psychiatrist to coordinate your care. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.
2. **Payment.** We may use and disclose your PHI to bill and collect payment for the services we provide you. For example, we might send your PHI to your insurance company or health plan to get paid for the health care services that we have provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
3. **Healthcare Operations.** We may use and disclose your PHI to support and operate our practice. For example, we may use your PHI to review and evaluate your treatment and services or to evaluate our performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, transcription, or other services for our practice.

## **Use and disclosure of PHI in special circumstances**

The following describe unique scenarios where we may disclose your PHI without your written authorization.

1. **Public Health Risk.** For examples, we may disclose your PHI to report child abuse or to prevent the spread of communicable diseases.
2. **Health Oversight Activities.** For example, we may disclose your PHI to assist the government when it conducts an investigation or inspection of a health care provider or organization.
3. **Lawsuits and Similar Proceedings.** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order, 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 to obtain an order protecting the information requested.
4. **Law Enforcement.** We may disclose your PHI when disclosure is required by federal or state law or judicial or administrative proceedings. For example, we may disclose your PHI in response to a court order, warrant, summons or similar process.
5. **Military.** If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
6. **National Security.** We may release your PHI to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
7. **Inmates.** If you are an inmate of a correctional institution or under the care of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the safety of others; or (3) for the safety and security of the correctional institution.
8. **Workers' Compensation.** We may disclose your PHI for services provided for work-related injuries or illnesses.

## **Your rights concerning your PHI**

You have the right to:

1. **Confidential communications.** For example, you may ask that we only contact you at work or on your cell phone. You must make your request in writing. All reasonable requests will be accommodated. You do not need to give a reason for your request.
2. **Request restrictions and on uses and disclosures of your PHI.** You may request restrictions on the sharing of your PHI for treatment, payment or healthcare operations. We are not required to agree to such restrictions. If we do agree, we will comply with the request unless it is needed to provide emergency treatment or is otherwise required by law. Such requests must be in writing and submitted directly to us. The request must describe what you want to limit whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply.
3. **Inspect and copy your medical billing records.** You may request a copy of your medical record or other health information we have about you, but not psychotherapy notes. This request will be honored within 30 days. We may charge a reasonable fee. In some circumstances, your request may be denied. If so, reasons for the denial will be given. You have the right to request a review of such a denial.
4. **Amend your medical record.** You may ask us to amend your PHI if you believe it is incorrect or incomplete. To request an amendment, it must be submitted in writing with a reason for the request. Failure to do either of these will result in a denial of the request. Other reasons for a denial may be given and will be done so in writing to you.

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**5. Accounting of disclosures.** You may request an account of disclosures of your PHI made to third parties other than for treatment, payment, or healthcare operations, by authorization and certain other limited exceptions. Your request should indicate a time period, which may not be longer than six years. We will respond within 60 days. The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. You will be notified of the cost, and you may choose to withdraw or modify your request.

**6. A paper copy of this notice.** You are entitled to a paper copy of this notice and may ask for a paper copy at any time.

**7. File a complaint.** If you feel your rights have been violated, you may file a complaint. You will not be retaliated against for this filing. You may file your complaint with the US 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 by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**8. Authorization of other uses and disclosures.** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you grant may be revoked by you at any time in writing. After such a revocation, I will no longer share your PHI for the reasons described in the original authorization.