

# SUSAN E. SCHWARTZ, PH.D

## **HIPAA Notice of Privacy Practices**

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. HIPAA Effective Date of Compliance: April 14, 2003

### It Is My Legal Duty to Safeguard Your Protected Health Information (PHI).

By law I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your 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.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office and on my website. You may also request a copy of this Notice from me, or you can view a copy of it in my office or on my website, which is located at <http://www.droherphd.com>

### How I Will Use and Disclose Your Protected Health Information (PHI).

I will 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. Below you will find the different categories of my uses and disclosures.

**Susan E. Schwartz, Ph.D. Jungian Analytical Psychology**

3625 E. Denton Lane Paradise Valley, Arizona, USA 85253

602-508-8761/ text:602-369-7149 sesphd@cox.net www.susanschwarzphd.com

# SUSAN E. SCHWARTZ, PH.D

Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

1. For treatment. I can use your PHI within my practice to provide you with mental health treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.
2. For health care operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control – I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants and others to make sure that I am in compliance with applicable laws.
3. To obtain payment for treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: If you are insured by Mayo Clinic Health Solutions, I might send your PHI to your insurance company in order to get payment for the health care services that I have provided you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office if I use them.
4. Other disclosures. Examples: 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.

Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state or local law; judicial, board, or administrative proceedings; or law enforcement. Example I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.

**Susan E. Schwartz, Ph.D. Jungian Analytical Psychology**

3625 E. Denton Lane Paradise Valley, Arizona, USA 85253

602-508-8761/ text:602-369-7149 sesphd@cox.net www.susanschwarzphd.com

# SUSAN E. SCHWARTZ, PH.D

4. If disclosure is compelled by the patient or the patient's representative pursuant to state or corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by state child abuse and neglect reporting law. For example, if I have reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by state elder/dependent adult abuse reporting law. For example, if I have reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.
11. For health oversight activities. Example, I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. For specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.
14. For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.
15. Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.
16. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
18. If disclosure is otherwise specifically required by law.

**Susan E. Schwartz, Ph.D. Jungian Analytical Psychology**

3625 E. Denton Lane Paradise Valley, Arizona, USA 85253

602-508-8761/ text:602-369-7149 sesphd@cox.net www.susanschwarzphd.com

# SUSAN E. SCHWARTZ, PH.D

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

Disclosures to family, friends, or others: I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

## What rights you have regarding your PHI

These are your rights with respect to your PHI:

**The Right to See 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. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response for me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may see fit to 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.

**The 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 your 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.

**The Right to Choose How I Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**Susan E. Schwartz, Ph.D. Jungian Analytical Psychology**

3625 E. Denton Lane Paradise Valley, Arizona, USA 85253

602-508-8761/ text:602-369-7149 sesphd@cox.net www.susanschwarzphd.com

# SUSAN E. SCHWARTZ, PH.D

**The Right to Get a List of the Disclosures I Have Made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

**The Right to Amend Your PHI.** 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. 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 is (a) correct and complete, (b) forbidden to be 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. 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 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.

**The Right to Get This Notice by Email.** You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

## How to file a complaint if you believe your privacy rights have been violated.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the persons listed below:

Arizona Department of Health Services Division of Behavioral Health Services HIPAA Privacy Official  
150 N. 18<sup>th</sup> Ave Ste 260 Phoenix, AZ 85007  
Phone: (602) 465-4558 Toll Free: 1-(800) 867-5808

OR

Arizona Department of Health Services  
Agency Privacy Officer 1740 W. Adams Ste 203 Phoenix, AZ 85007 Phone: (602) 542-1020

**Susan E. Schwartz, Ph.D. Jungian Analytical Psychology**  
3625 E. Denton Lane Paradise Valley, Arizona, USA 85253  
602-508-8761/ text:602-369-7149 sesphd@cox.net www.susanschwarzphd.com

# SUSAN E. SCHWARTZ, PH.D

OR

U.S. Department of Health and Human Services Office for Civil Rights

Regional Manager – Region IX 90 7<sup>th</sup> St Ste 4-100 San Francisco, CA 94103 Phone: (415) 437-8310  
Toll Free: 1-(800) 368-1019

Online Complaint: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) If you file a complaint about my privacy practices, I will take no retaliatory action against you.

## Person to contact for information about this notice or to complain about my privacy practices

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint, please contact me at Dr. Daniela Roher, PO Box 5648, Carefree, AZ 85377; 480-595-6500; [droher@gmail.com](mailto:droher@gmail.com).

## Notifications of breaches

In case of a breach, Dr. Susan eE Schwartz is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, Dr. Schwartz is ultimately responsible for providing the notification directly or via the business associate.

## Phi after death

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. Dr. Daniela Schwartz may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

In the event of Dr. Schwartz's death, arrangements have been made to keep your PHI for the period required by the State of Arizona. Dr. Susan Schwartz, Ph.D., should be contacted at 602-508-8761 to access your PHI.

Individuals' Right to Restrict Disclosures; Right of Access

**Susan E. Schwartz, Ph.D. Jungian Analytical Psychology**  
3625 E. Denton Lane Paradise Valley, Arizona, USA 85253  
602-508-8761/ text:602-369-7149 [sesphd@cox.net](mailto:sesphd@cox.net) [www.susanschwarzphd.com](http://www.susanschwarzphd.com)

# SUSAN E. SCHWARTZ, PH.D

To implement the 2013 HITECH Act, the Privacy Rule is amended. Dr. Daniela Schwartz is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restricted healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.)

The 2013 Amendments also adopt the proposal in the interim rule requiring Dr. Schwartz to provide you, the patient, a copy of PHI if you, the patient, requests it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that Dr. Schwartz must provide you only with an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that Dr. Schwartz may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

## NPP

Dr. Daniela Schwartz's NPP must contain a statement indicating that most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

I acknowledge receipt of this notice

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_