



Between Us Associates, PLLC

Therapeutic Services To Navigate Life's Challenges

Notice of Privacy Practices (HIPAA)

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

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

Between Us Associates PLLC (BUA) is committed to insuring the privacy and confidentiality of the Personally Identifiable Protected Health Information (PHI) that is created in the course of your treatment. We are required by law to maintain the privacy of PHI about you, give you this notice of our legal duties and privacy practices with respect to PHI and comply with the terms of our notice of privacy practices that is currently in effect. All BUA staff and consultants are required to follow the policies contained in this notice. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies an individual or where there is a reasonable basis to believe the information can be used to identify an individual. This information is called "Protected Health Information" (PHI). This Notice of Privacy Practices describes your rights and our obligations regarding the use and disclosure of PHI, the ways that we will protect your PHI and how we may use and disclose health information about you.

What is "Medical Information"?

The term "medical information" is synonymous with the terms "personal health information" and "protected health information" for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (us) health plan, or others and 2) relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g., mental health) to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

We are licensed mental health care providers. We create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as "medical records" or "mental health records," and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT

We protect your personal health information from inappropriate use and disclosure. Your information is obtained in the course of providing services to you and is related to your medical records, psychotherapy visits, and payment information. It is likely to include your history, reasons you came for psychotherapy, diagnoses, progress notes we make (but not psychotherapy notes we may choose to make for our own use), records we get from others who worked or work with you or evaluate you, and billing and insurance information. We will not disclose any personal health information without your written authorization, unless such disclosure is permitted or required by law.

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

Uses and Disclosures Without Your Authorization - For Treatment, Payment, or Health Care Operations

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and Federal laws allow us to use and disclose your health information for these purposes. Federal privacy rules (regulations) allow health care providers (us) who have a direct treatment relationship with the patient (you) to use or disclose the patient's personal health information to carry out the health care provider's own treatment, payment, or health care operations. We may also disclose your protected health information among members of BUA staff in order to carry out professional consultation and provide crisis services.

An example of a use or disclosure for treatment purposes: If we decide to consult with another licensed health care provider about your condition in the case of a crisis in which your therapist is not available, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist in the diagnosis or treatment of your mental health condition. Disclosures for treatment purposes are not limited to the minimum necessary standard, because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care among health care providers or by a health care provider with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

An example of a use or disclosure for payment purposes: If your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, we are permitted to use and disclose

your personal health information. We may use and disclose PHI so that we can bill, collect and remit premiums and eligibility information to your designated health benefit carrier. For example, we may need to disclose health information to your health plan to obtain authorization for additional visits with your therapist.

An example of a use or disclosure for health care operations purposes: We may use and disclose your PHI in performing business operations that are called health care operations. We may use and disclose your PHI to review our treatment procedures, review our business activities maintain certification and licensing and for staff training purposes. For example, we periodically review client files to determine compliance with best practice standards and documentation procedures. We may use and disclose your PHI as part of the quality control information that is included in the context of individual or group supervisor of staff.

Other Uses and Disclosures without authorization

We may be required or permitted to disclose your PHI without your written authorization. The following circumstances are examples when such disclosures may or will be made.

- 1) If disclosure is compelled by a court pursuant to an order of that court
- 2) If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority
- 3) If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
- 4) If disclosure is compelled by the patient or the patient's representative pursuant to federal statutes or regulations (e.g., the federal "Privacy Rule," which requires this Notice).
- 5) If disclosure is compelled or by the Child Abuse and Neglect Reporting Act (for example, if I have a reasonable suspicion of child abuse or neglect).
- 6) If disclosure is compelled by the Elder/Dependent Adult Abuse Reporting Law (for example, if I have a reasonable suspicion of elder abuse or dependent adult abuse).
- 7) 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 to the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger.
- 8) If disclosure is compelled or permitted by the fact that you report a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims.
- 9) If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death.
- 10) If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. The New Hampshire Board of Mental Health Practice is an example of a health oversight agency.
- 11) If disclosure is compelled by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with privacy requirements under the federal regulations (the "Privacy Rule").
- 12) We may disclose your information to companies and professionals such as our accountants, bookkeepers, attorneys and information technology associates that assist us in running our operations. Contracts with these associates assure that the privacy of your health information is protected.
- 13) We may provide health information about you to someone whom you have identified as a caregiver or emergency contact. In an emergency we may use and disclose your health information to notify a family member or other person responsible for your care of your location and general condition.
- 14) We may disclose health information about you as necessary for public health activities. For example, we may be required by law to make a report to public health authorities to prevent or control a disease.
- 15) We may disclose health information about you to a state or federal health oversight agency for monitoring, licensing, auditing, inspection or investigation activities which are authorized by law.
- 16) If disclosure is otherwise specifically required by law.

PLEASE NOTE: The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information "in a specific and meaningful fashion." You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that we have taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. If New Hampshire law protects your confidentiality or privacy more than the federal "Privacy Rule" does, or if New Hampshire law gives you greater rights than the federal rule does with respect to access to your records, we will abide by New Hampshire law. In general, uses or disclosures by us of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when we request your personal health information from another health care provider, health plan or health care clearinghouse, we will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the "minimum necessary" standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

Communications from Our Office:

Please note: I, or someone from BUA may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. Your prior written authorization is not required for such contacts.

Your Rights Regarding Protected Health Information

- 1) You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. We are not required to agree to your requested restriction. If we do agree, we will maintain a written record of the agreed upon restriction.
- 2) You have the right to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- 3) You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, we are permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- 4) You have the right to amend protected health information in records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, we are permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
- 5) You have the right to receive an accounting of the disclosures of protected health information in the seven years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, we are permitted to deny the request for specified reasons. For instance, we do not have to account for disclosures made in order to carry out treatment, payment or health care operations. We also do not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
- 6) You have the right to confidentiality of substance abuse records. For individuals who have received treatment for substance abuse, the confidentiality of such treatment is protected by federal law and regulations.
- 7) You have the right to obtain a paper copy of this notice upon request.

Our Duties

We are required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of our legal duties, your rights, and our privacy practices with respect to such information. We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice and/or our privacy practices and to make the changes effective for all protected health information that we maintain, even if it was created or received prior to the effective date of the notice revision. If we make a revision to this notice, we will make the notice available at all office locations upon request on or after the effective date of the revision and will post the revised notice in a clear and prominent location.

We have a duty to develop, implement and adopt clear privacy policies and procedures for practice and identify a privacy officer who is responsible for assuring that these privacy policies and procedures are followed by any and all employees that work for BUA or that may work for BUA in the future. In general, client records, and information about clients, are treated as confidential and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may be otherwise permitted by law. Client records are kept secured so that they are not readily available to those who do not need them.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities or if you would like further information about our privacy policies and practices, please contact in the Privacy Officer for BUA in writing.

If you believe your privacy rights may have been violated, you may file a complaint in writing to the Privacy Officer and or the Secretary of the U.S. Department of Health and Human Services specifying the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful. The telephone number for the BUA Privacy Officer is 603-836-5003. We will not retaliate against you in any way for filing a complaint with BUA or with the Secretary. Complaints to the Secretary must be filed in writing. A complaint to the Secretary can be sent to U.S Department of Health and Human Services, office of Civil Rights, 200 Independence Ave. SW Rm 509 F HHH Bldg., Washington D.C. 20201 or through their website at OCRComplaint@hhs.gov.

If you need or desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact the Privacy Officer who will answer your questions and to provide you with additional information.

This notice first became effective on May 1, 2009.

Between Us Associates, PLLC
754 Chestnut Street Suite 2
Manchester, NH 03014
Notice of Privacy Practices
Receipt and Acknowledgement of Notice

Client Name: _____ **Date of Birth:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Between Us Associates PLLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice of my privacy rights, I can contact my therapist or the Privacy Officer at Between Us Associates PLLC.

Signature of Patient/Client and Date

Signature of Parent, Guardian, or Personal Representative and Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member and Date

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