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NOTICE OF PRIVACY PRACTICES AND INFORMED CONSENT

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

- 1. For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members.
- 2. For Payment.** I may use and disclose PHI so that I can receive payment for the services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, or reviewing services provided to you to determine medical necessity. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.
- 3. For Health Care Operations.** I may use or disclose, as needed, your PHI in order to support business activities including, but not limited to, quality assessment activities, administrative needs, credentialing, and licensing. For example, I may share your PHI with third parties that perform various business activities (e.g., billing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.
- 4. Other persons, agencies, or entities as specified by you.** If you wish for me to share PHI in circumstances other than those described above, I will ask for your written authorization specifying the person or agency to whom the information is to be released, the nature of the information that may be communicated, and the period for which the authorization is valid. You can cancel/revoke this authorization at any time in writing.

5. Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. As a social worker licensed in this state, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Risk of Serious Harm to Self or Others. I may disclose your health and personal information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. In such instances, it will be disclosed to those who are most able to *act* to prevent or lessen the potential danger including, but not limited to, the police department, mental health crisis evaluation services, and the target of the threat.

Abuse or Neglect. If I suspect or have a good faith reason to believe that a child, elder, or disabled adult has been subject to abuse, exploitation, or neglect (including self-neglect), I am mandated to report this to the appropriate agency as required by Massachusetts state law.

Deceased Patients. I may disclose PHI regarding deceased patients to a limited degree as mandated by state law. I may also disclose PHI to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. Otherwise, release of PHI of deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin.

Medical Emergencies. I may use or disclose your PHI in an emergency situation in order to prevent serious harm.

Health Oversight. If required, I may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, and inspections to assess the adequacy or quality of professional services or my competence and qualifications as a licensed clinician. Oversight agencies seeking this information include government agencies (e.g. MA Dept of Public Health, MA Dept of Mental Health, US Dept of Health and Human Services, The Board of Registration of Social Workers, etc.) as well as organizations that provide financial assistance towards your care (such as third-party payors based on your prior consent).

Law Enforcement and National Security. I may disclose PHI to law enforcement personnel or a correctional institution if you have been the victim of a crime and require emergency treatment, or if you have been arrested and are in need of medical treatment. I may also disclose PHI to military authorities or other federal officials if health information is required for lawful intelligence, counterintelligence, or other national security activities.

Judicial Proceedings. If you are involved in a court proceeding, lawsuit, or dispute, I may disclose PHI in order to comply with a subpoena, discovery request, court order, administrative order or similar document. I will exercise all efforts to alert you of this in advance so that you may take steps to protect your information, should you choose to do so.

Public Health. If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. I may also disclose PHI if directed to do so by a public health authority or a government agency that is collaborating with that public health authority when such information pertains to an individual who is subject to quarantine or isolation, or if a person is known or reasonably suspected to have been exposed to or infected with a communicable disease of public health threat.

6. Appointment Reminders. I may contact you to provide appointment reminders, to inform you of changes to scheduling, or to return a message. This contact may be by phone or in writing and may involve leaving a message with the person answering the phone, on a voicemail, or through other means that could be intercepted by others. I will disclose the least amount of PHI possible in such circumstances, but if you have specific concerns in this regard, please let me know so that we can make a plan together for how to manage this.

PATIENT RIGHTS

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request. Such requests should be in writing and include the info to be restricted and to whom you want the limits to apply.

Right to Receive Confidential Communications by Alternative Means at Alternative Locations -- For example, you may not want a family member to know that you are seeing me and may request in writing that I send correspondence to another address or use a work phone for messages.

Right to Inspect and Copy – You have the right to inspect or obtain (or both) a copy of your PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There are certain situations in which I may deny your access to PHI. In that circumstances, I will respond in writing as to why your request will not be granted and any rights you may have to request this decision be reviewed.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained if you feel that the information I have about you in your record is incorrect or incomplete. Requests should be put in writing and include the intended amendment and one or more reasons that support your request to amend. I may deny your request. In that circumstance, I will respond in writing the reasons for the denial and describe your right to give a written statement disagreeing with the denial. If I accept your request to amend your PHI, reasonable efforts will be taken to inform others who have received your PHI of the amendment.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your written request, I will discuss with you the details of the accounting process, costs that may be involved, and in what form you would like to receive this information.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me at any time upon request, even if you have agreed to receive the notice electronically.

MY LEGAL DUTY

I am required by law to maintain the privacy of PHI and to provide you with 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 which goes into effect on 3/28/2020. I reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time and is available for reference on my website www.carriebraverman.com under “forms”.

If I make changes to this Notice of Privacy Practices, I will notify you by mail or in person at our next appointment and either provide you with the revised copy or send one to you upon request.

QUESTIONS AND COMPLAINTS

If you want more information about these privacy practices, or have any questions or concerns, please let me know.

If you are concerned that I may have violated your privacy rights, or you disagree with a decision I made about access to your health information or in response to a request you made to restrict its use, you may let me know of your complaint using the contact info below.

You may also submit a complaint to the US Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate or penalize you in any way for filing a complaint.

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