

Julia Gerhardt, LCSW, LLC
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Notice of Mental Health Professionals' Policies and Practices to Protect the Privacy of Your Health Information (A.K.A. "Notice of Privacy Practices")

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Julia Gerhardt, LCSW, LLC may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment, and Health Care Operations"
 - *Treatment* is when Julia Gerhardt, LCSW, LLC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Julia Gerhardt, LCSW, LLC consults with another health care provider, such as your family physician or another therapist.
 - *Payment* is when Julia Gerhardt, LCSW, LLC obtains reimbursement for your healthcare. Examples of payment are when Julia Gerhardt, LCSW, LLC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within Julia Gerhardt, LCSW, LLC's practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of Julia Gerhardt, LCSW, LLC's practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Julia Gerhardt, LCSW, LLC may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Julia Gerhardt, LCSW, LLC is asked for information for purposes outside of treatment, payment or health care operations, an authorization will be obtained from you before releasing this information. Julia Gerhardt, LCSW, LLC will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your clinical record. These notes are given a greater degree of protection than PHI.

The following are important points related to the release of PHI:

- All restrictions on the PHI released must be made in writing no longer than six (6) years post-date.
- Responses to request for records release will be made within thirty (30) days.
- No raw data obtained in testing procedures can be disclosed to third parties unless they are a licensed mental health professional.
- Julia Gerhardt, LCSW, LLC will provide a copy to you on request.
- If your records are subpoenaed, and you have not given consent, Julia Gerhardt, LCSW, LLC will notify you so that you may hire legal representation to quash the subpoena.
- Re-disclosure by persons who received PHI may no longer protect the PHI. Once Julia Gerhardt, LCSW, LLC releases your records, in accordance with an executed authorization, Julia no longer has the ability to limit the further release of PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Julia Gerhardt, LCSW, LLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Julia Gerhardt, LCSW, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- ***Child Abuse*** – If there is reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or if a child is observed being subjected to conditions which would reasonably result in abuse or neglect, it must immediately be reported to the appropriate child protection agency. Abuse or neglect may also be reported to a law enforcement agency or juvenile office.
- ***Adult and Domestic Abuse*** – If there is reasonable cause to suspect that an eligible adult (defined below) presents a likelihood of suffering physical harm or is in need of protective services, it must be reported to the appropriate adult protection agency. (“Eligible adult” means any person 60 years of age or older, or an adult with a handicap (substantially limiting mental or physical impairment) between the ages of 18 and 59 who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.)
- ***Health Oversight Activities*** – The Idaho Attorney General’s Office may subpoena records from Julia Gerhardt, LCSW, LLC relevant to disciplinary proceedings and investigations conducted by professional licensing board.
- ***Judicial and Administrative Proceedings*** – If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law and will not be released without written authorization from you or your personal or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. We will inform you in advance if this is the case. If you have been referred through the Court or other legal system, please be advised that Julia may be required to submit periodic progress reports to your caseworker. Information will also be shared with the court and with officers of the court as needed.
- ***Serious Threat to Health or Safety*** – When it is judged that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person, your relevant confidential information will be disclosed to the appropriate professional workers, public authorities, the potential victim, his or her family, or your family.
- ***Workers' Compensation*** – If you file a worker’s compensation claim, Julia must permit your record to be copied by the Idaho Labor and Industrial Commission or the Division of Worker’s Compensation of the Idaho Department of Labor and Industrial Relations, your employer, you and any other party to the proceedings.

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- ***Right to Request Restrictions*** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, Julia Gerhardt, LCSW, LLC is not required to agree to a restriction you request.
- ***Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in therapy with Julia Gerhardt, LCSW, LLC. On your request, bills will be sent to another address.)

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Access to your PHI may be denied under certain circumstances, but in some cases, you may have this decision reviewed. On your request, the details of the amendment process will be discussed with you.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Julia Gerhardt, LCSW, LLC may deny your request. On your request, the amendment process will be reviewed with you.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, Julia Gerhardt, LCSW, LLC will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from Julia Gerhardt, LCSW, LLC upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless notified of such changes, however, I am required to abide by the terms currently in effect. With notification, I reserve the right to make the revised or changed privacy practices applicable to protected health information I already have about you as well as any information I receive in the future.

V. Complaints

If you are concerned that Julia Gerhardt, LCSW, LLC has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact:

Idaho Bureau of Occupational Licenses
1109 Main St., Suite 220
Boise, ID 83702
<https://www.ibol.idaho.gov>

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The agency listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice goes into effect on April 14, 2003. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice at your next visit or by mail.