

Burton Family Therapy

186 North 100 East, Suite A, Kaysville, UT 84037

This notice went into effect April 2023

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Burton Family Therapy reserves the right to change any of these terms. Clients will be notified of any changes made and such information about changes will be made available upon request.
- Burton Family Therapy will not use or disclose your PHI for marketing purposes.
- Burton Family Therapy will not sell your PHI in the regular course of business.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy laws, rules, and regulations allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient/client's written authorization to carry out treatment, collect payment, or perform health care operations. For example, if your clinician determines that your treatment requires psychological testing or other treatment or care that is not provided by Burton Family Therapy. However, in such cases, your name and other identifying information would be withheld. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers that may be involved with your healthcare may 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 providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another. Lawsuits and Disputes: If you are involved in a lawsuit or other legal proceeding, Burton Family Therapy may disclose health information in response to a court or administrative order. Burton Family Therapy may also disclose health information about you in response to a valid 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 in order for you to seek an order protecting the information requested. Law Enforcement: Burton Family Therapy may share your health information as required by law enforcement or to investigate a crime against Burton Family Therapy or any of its clients, but only as authorized by law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in the Code of Federal Regulations: 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization except as detailed in the following section.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Burton Family Therapy can use and disclose your PHI without your Authorization for the following reasons:

1. For use in treating you.
2. For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
3. For use in defending FTCU in legal proceedings instituted by you.
4. For use by the Secretary of Health and Human Services to investigate FTCU compliance with HIPAA.
5. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
6. Required to help avert a serious threat to the health and safety of others.
7. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
8. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
9. For health oversight activities, including audits and investigations.
10. For judicial and administrative proceedings, including responding to a court or

administrative order, although our preference is to obtain an Authorization from you before doing so.

11. For law enforcement purposes, including reporting crimes.

12. To coroners or medical examiners, when such individuals are performing duties authorized by law.

13. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, Burton Family Therapy may provide your PHI in order to comply with workers' compensation laws.

14. Appointment reminders and health-related benefits or services. Burton Family Therapy may use and disclose your PHI to contact you to remind you that you have an appointment. Burton Family Therapy may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that are offered.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. Burton Family Therapy may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Burton Family Therapy not to use or disclose certain PHI for treatment, payment, or health

care operations purposes. Burton Family Therapy is not required to agree to your request and may decline if it is believed it would affect your health care.

The Right to Choose How Burton Family Therapy sends PHI to You. You have the right to ask Burton Family Therapy to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Burton Family Therapy will agree to all reasonable requests.

The Right to See and Obtain copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that Burton Family Therapy has about you. Burton Family Therapy will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and Burton Family Therapy may charge a reasonable, cost-based fee for doing so.

The Right to Obtain a List of the Disclosures Made. You have the right to request a list of instances in which Burton Family Therapy has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Burton Family Therapy with an Authorization. Burton Family Therapy will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Burton Family Therapy will give you will include disclosures made in the last seven years unless you request a shorter time. Burton Family Therapy will provide the list to you at no charge. But if you make more than one request in the same year, Burton Family Therapy will charge you a reasonable, cost-based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Burton Family Therapy correct the existing information or add the missing information. Your request may be denied but will be explained in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.