



ECKHOUSE THERAPY

This notice went into effect on 12/4/2022.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS, AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a rule, neither Eckhouse Therapy, LLC (“Eckhouse Therapy”) nor the therapist you see at Eckhouse Therapy (“your therapist”) (together, “we” or “us”) will disclose any information about you, or the fact that you are a patient of your therapist, without your written consent. Your therapist’s formal Mental Health Record describes the services provided to you and contains the dates of sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, Eckhouse Therapy and your therapist do not routinely disclose information in such circumstances, so we will require your permission in advance, either through your consent at the onset of the relationship you enter with your therapist (by signing the attached general consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting us.

II. Limits of Confidentiality

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality – some exceptions created voluntarily by Eckhouse Therapy’s choice and some required by law. If you wish to receive mental health services from us, you must sign the attached form indicating that you understand and accept Eckhouse Therapy’s policies about confidentiality and its limits. You will discuss these issues with your therapist, and you may reopen the conversation at any time during future sessions.

Eckhouse Therapy or your therapist may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

- Emergency: If you are involved in a life-threatening emergency.

- **Child Abuse Reporting:** If your therapist has reason to suspect that a child is abused or neglected, your therapist required by law to report the matter immediately to Social Services of the respective state.
- **Adult Abuse Reporting:** If your therapist has reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, your therapist is required by law to immediately make a report and provide relevant information to the Department of Welfare or Social Services.
- **Health Oversight:** Your therapist is legally obligated to report misconduct by a health care provider of their own profession. By policy, your therapist also reserves the right to report misconduct by health care providers of other professions. By law, if you describe unprofessional conduct by another mental health provider of any profession, your therapist is required to explain to you how to make such a report. If you are yourself a health care provider, your therapist required by law to report to your licensing board that you are in treatment with your therapist if your therapist believes your condition places the public at risk. Licensing Boards have the power, when necessary, to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.
- **Court Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and neither Eckhouse Therapy nor your therapist will release information unless you provide written authorization or a judge issues a court order. In civil court cases, therapy information is not protected by patient-therapist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be “necessary for the proper administration of justice.” In criminal cases, there is often no statute granting therapist-patient privilege, although records can sometimes be protected on another basis. Protections of privilege may not apply if your therapist does an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** Under state law, if your therapist is engaged in your therapist’s professional duties and you communicate to your therapist a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and your therapist believes you have the intent and ability to carry out that threat immediately or imminently, your therapist is legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By policy, your therapist may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, Eckhouse Therapy or your therapist can be required to provide your records to the magistrate, your attorney or guardian ad litem, a CSB evaluator, or a law enforcement officer, whether you are a minor or an adult.
- **Workers Compensation:** If you file a worker’s compensation claim, your therapist is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

- Records of Minors: The state has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records; and CSB evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents or child. Other circumstances may also apply, and you will discuss these in detail with your therapist if your therapist provides services to minors.

Other uses and disclosures of information not covered by this notice or by the laws that apply to us will be made only with your written permission.

III. Patient's Rights and Provider's Duties:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information (PHI) about you. You also have the right to request a limit on the medical information Eckhouse Therapy or your therapist discloses about you to someone who is involved in your care or the payment for your care. If you ask Eckhouse Therapy or your therapist to disclose information to another party, you may request that Eckhouse Therapy or your therapist limit the information it discloses. However, we are not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell Eckhouse Therapy or your therapist: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.
- 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 seeing your therapist. Upon your request, Eckhouse Therapy will send your bills to another address. You may also request that Eckhouse Therapy or your therapist contact you only at work, or that neither Eckhouse Therapy nor your therapist leave voicemail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.
- Right to an Accounting of Disclosures – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, your therapist will discuss with you the details of the accounting process.
- Right to Inspect and Copy – In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, Eckhouse Therapy may charge a fee for costs of copying and mailing. We may deny your request to inspect and copy in some circumstances. We may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.
- Right to Amend – If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing, and submitted to Eckhouse Therapy

or your therapist. In addition, you must provide a reason that supports your request. Eckhouse Therapy or your therapist may deny your request if you ask us to amend information that: 1) was not created by the recipient of the request (Eckhouse Therapy or your therapist); the recipient will add your request to the information record; 2) is not part of the medical information kept by the recipient; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

- Right to a copy of this notice – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Changes to this notice: Eckhouse Therapy reserves the right to change its policies and/or to change this notice, and to make the changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date. A new copy will be given to you. We will have copies of the current notice available on request.

IV. Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your therapist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to receive payment for your health care bills and to support the operation of this practice. Eckhouse Therapy will limit its own uses and disclosures of PHI to the minimum amount of information necessary to accomplish the purpose at hand. We will also comply with state law if it is stricter than the requirements stated in this Notice.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend and have provided for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we often are required to provide written medical documentation to support services provided to you.

Healthcare Operations: Eckhouse Therapy may use or disclose, as-needed, your PHI in order to support the business activities of your therapist's practice. These activities may include, but are not limited to, quality assessment activities, employee review activities, training of therapy students, licensing, and conducting or arranging for other business activities.

In addition, we may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and

a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI in accordance with applicable law.

We may use your name and address to send you a newsletter about our practice and the services we offer. We may also use your PHI to provide you with information about treatment alternatives or other health-related benefits and services that are relevant to your condition. We will, under no circumstances, sell our patient lists to any third party.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

V. Other Permitted and Required Uses and Disclosures of Protected Health Information for Public Policy Purposes

We may use or disclose your PHI in the following situations:

Required By Law: We may use or disclose your PHI to the extent that such use or disclosure is required by law.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI about you in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal to the extent such disclosure is expressly authorized. We may also disclose PHI about you in response to a

subpoena, discovery request or other lawful process., provided appropriate steps have been taken to notify you or to get a protective order from the court to safeguard your PHI.

Law Enforcement: We may disclose PHI for law enforcement purposes, such as: (1) legal processes and otherwise required by law, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the practice, and (5) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner, medical examiner, or funeral director for identification purposes, as appropriate.

Research: We may disclose your PHI to researchers doing studies based on existing medical records or using existing records to plan a study involving patient treatment when their research has been approved by an institutional review board, which has reviewed the research proposal and established protocols to ensure the privacy of your PHI. If you agree to participate in research involving treatment, you will also be asked to sign an authorization to allow the researcher to use PHI gathered in the study.

Imminent Threats: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military and security purposes.

Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.

Disclosures to the U.S. Department of Health and Human Services: Under the law, we must make disclosures on request to the Secretary of the Department of Health and Human Services ("HHS") to help HHS determine whether we are operating in compliance or determine our compliance with federal laws that protect the privacy of your health information.

Other uses and disclosures of your PHI will be made only with your written authorization, or as otherwise permitted or required by applicable state or federal law. You may revoke an authorization at any time, in writing, except to the extent that your physician or the practice has taken an action in reliance on the uses or disclosures permitted under that authorization.

We will never share your PHI in the following scenarios:

- Marketing purposes
- Sale of your PHI
- Most sharing of psychotherapy notes.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to Eckhouse Therapy. You may also send a written complaint to the U.S. Department of Health and Human Services.

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 YOU ARE AGREEING THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.