

# Notice of Privacy Practices

Merrimack River Wellness

51 Pleasant Street, Newburyport, MA

NOTICE OF PRIVACY PRACTICES IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

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

**My Responsibilities** - I take the privacy of your health information seriously, and I am committed to protecting your health information. This Notice applies to all records of your care that I maintain, which contain your protected health information (PHI). Protected health information is psychological & medical information that identifies you or may provide a basis for identifying you. This Notice is provided to tell you about the duties and practices of Lisa Dube, DBA Merrimack River Wellness (MRW) with respect to your health information. I am required by law to provide you with this Notice, and I am required to follow the terms of the Notice that is currently in effect.

**Changes to this Notice** - This notice is effective January 1, 2022. The changes will apply to current PHI as well as new information received. Before a change is made that may impact your understanding of our current privacy practices, you will receive notice. You will be provided with a revised notice at your first visit and/or virtual appointment following this change.

**How I may use and disclose your health information** - The following categories describe and give examples of the different ways that MRW may use and disclose your health information with your consent for services. All of the ways permitted to use and disclose your information will fall within one of these categories.

**Treatment** - PHI about you may be used to provide you with treatment. Treatment is considered to include those services in which we provide, coordinate, or otherwise manage your health care including coordination of services and consultation with designated health care providers, such as your primary care physician, medication provider and any other applicable health care provider.

**Payment** - Your PHI may be disclosed for payment purposes. MRW may bill and collect for the treatment and services provided to you. MRW may send your PHI to an insurance company or third party for payment purposes including a collection service. For example, MRW may use and disclose your PHI for payment purposes if MRW contacts your insurance company in order to determine eligibility or coverage.

**Health Care Operations** - MRW may use and disclose your PHI for health care operations. These uses and disclosures are necessary to make sure that you receive competent, quality health care, and to maintain and improve the quality of health care that we provide. For example, MRW may use your PHI

for outcome measurement, which would contribute to our mission of providing mental health care of the highest quality to each patient.

**Permitted Uses without Prior Authorization** - MRW may use or disclose your PHI without your prior authorization for several other reasons. Subject to certain requirements, MRW may give out health information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, and emergencies. MRW may also disclose health information when required by law, such as in response to a request from law enforcement in legally required circumstances, or in response to valid and legally required judicial or administrative orders.

**To Avert a Serious Threat to Health or Safety** - MRW may use and disclose your necessary PHI when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to a third party to help prevent or lessen the threat of harm to yourself or others.

**Child Abuse** If I have a reason to suspect that a child has been abused or neglected, I am mandated by law to report this to the Division of Children, Youth, & Families.

**Adult & Domestic Abuse** - If MRW has reason to suspect that an incapacitated adult has been subject to abuse, neglect, self-neglect, hazardous living conditions, or exploitation, we are required by law to report that information to the Department of Health & Human Services.

**Health Oversight** - If the State licensing board is conducting an investigation, then MRW may be required to disclose your mental health records upon subpoena from the Board.

**Judicial or Administrative Proceedings** - If you are involved in a court proceeding and a request is made for information about the professional services that MRW has provided you and/or the records thereof, such information is privileged under state law, and I may not release information without your written authorization. The privilege does not apply if this information is required by court order.

**Third Parties** - I may disclose your PHI to third parties with whom we contract to perform services on our behalf. If I disclose your information to these entities, we will have an agreement with them to safeguard your information.

**Other Uses of Health Information** - Other uses and disclosures of health information not covered by this Notice or the laws that apply to me will be made only with your written authorization. If you provide me authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, MRW will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures I may have already made under the authorization.

**Your Rights Regarding Your Health Information** - You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy** - You have the right to review or get a copy of health information that may be used to make decisions about your care. Upon your request, MRW will discuss with you the details of this process. If you request a copy of the information, MRW may charge a fee for the costs of copying, mailing or other supplies associated with your request.

**PROFESSIONAL RECORDS: MRW maintains a file for each client. If you desire communication with another medical provider you see or a copy of your records, please request and complete a PHI release. As a client, you are entitled to a copy of your records for a fee that covers copying and administrative costs. If you wish to see a copy of your treatment records MRW recommends you review them with me so that we may discuss the contents.**

**Right to Amend** - You have the right to ask MRW to modify but not delete your health and/or billing information for as long as the information is kept by MRW. You must submit your request in writing. In addition, you must provide a reason that supports your request. MRW will inform you of our decision in writing. At your request, we will discuss with you the details of the amendment process.

**Right to an Accounting of Disclosures** - You have the right to a list of those instances where I have disclosed health information about you other than for treatment, payment, health care operations, where you specifically authorized a disclosure, or other instances specifically noted in the Privacy Rule that are not subject to the Accounting of Disclosures standard. You must submit a written request to obtain a copy of this disclosure list. Upon your request, MRW will discuss the details of the accounting process.

**Right to Request Confidential Communications** - You have the right to request that health information about you be communicated to you in a confidential manner. For example, you may ask that MRW call your cell phone with appointment reminders instead of your home phone. Please discuss this request with MRW and note on any forms where applicable.

**Right to Request Restrictions** - You have the right to request that MRW not use or disclose health information about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. MRW will endeavor to comply with such requests as appropriate, however MRW is not required to agree to your request. Please discuss this with MRW if you have further questions.

**Right to a Paper Copy of This Notice** - You have the right to a paper copy of this Notice. You may ask MRW to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

**Complaints** - If you believe your privacy rights have been violated, or you disagree with a decision I made about access to your records, you may contact Lisa Dube as your Privacy Officer. You may also send a written complaint to:

**Massachusetts:**

Board of Registration of Social Workers

1000 Washington Street, Suite 710

Boston MA 02218

**New Hampshire:**

New Hampshire Office of Professional Licensure

Division of Technical Professions

7 Eagle Square

Concord, NH 03301

**Maine:**

Office of Professional & Occupational Regulation

Attn: Complaint Division

35 State House Station

Augusta, ME 04333-0035

**You will not be penalized for filing a complaint.**

***If you have any questions about this notice, please contact:***

***Lisa Dube***

***978-306-2850***

This notice went into effect on January 1, 2022

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 CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.