

NOTICE OF PRIVACY PRACTICES (FORM 007)

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

PLEASE REVIEW THIS NOTICE CAREFULLY.

You have the following rights in relation to Protected Health Information maintained by Dr. Robyn Psychotherapeutic Services, LLC:

- **Confidentiality of Your Protected Health Information.** Dr. Robyn Psychotherapeutic Services, LLC is required to protect your health information from being made available or disclosed to any unauthorized person(s) or process(es).
- **See or Copy Your Protected Health Information.** You have the right to see or copy your health information. You have a right to request that a copy be provided in electronic form or format. Your request must be submitted to Dr. Robyn Psychotherapeutic Services, LLC, in writing. If you are requesting paper copies of records or are requesting records to be provided on a compact disc or external storage device, we may charge you a reasonable fee to cover the costs of the materials required and any applicable mailing costs. Copies will be provided to you as soon as possible, but no later than 30 days following the request. We are not required to allow you to see or copy psychotherapy notes or information prepared for use in legal actions or proceedings.
 - **Minor Clients (Age 17 and Younger).** If you want to see your record, you may ask a staff member. You may always see your records on any medications you take. Staff may limit how much you may see of your other records; they must give you a reason for any limits. If you are under the age of 14, you may have access only in the presence of a parent, guardian, or staff member.
 - **Parent/Guardian Access Rights of Minors.** If you are a minor, your parent or guardian has the right to access your medical record except in cases of certain legal restrictions.
- **Request an Amendment to Protected Health Information.** You have the right to request an amendment to your protected health information as long as it is maintained by Dr. Robyn Psychotherapeutic Services, LLC. If you would like to request an amendment to your Protected Health Information, contact a Dr. Robyn Psychotherapeutic Services, LLC, staff member, and we will provide with you an Amendment Request Form to complete and submit. Your request must be in writing and must include the reason why you believe a change should be made.

We will respond to your request within 60 days of receipt of the form notifying you if we approve your request or explain the reason(s) for our decision if we deny your request.

- **Receive an Accounting of Disclosures of Health Information.** You have the right to request a listing of disclosures of your Protected Health Information that we made in compliance with state and federal law. This list will include the person or organization the information was disclosed to, the reason for the disclosure, the date of the disclosure, and a brief description of the what information was disclosed.
- **Request a Restriction of Uses and Disclosures.** You have the right to request a restriction on how we use or disclose your Protected Health Information for purposes of Treatment, Payment, or Operations. If you would like to request a restriction, contact a Dr. Robyn Psychotherapeutic Services, LLC, staff member, and we will provide with you an Request for Restriction of Use and/or Disclosure Form.
- **Request Alternative Confidential Communication.** You have the right to request that we contact you in a particular manner; for example, you may request that we contact you using your workplace phone number and do not contact you at your home phone number. Please specify your contact requests using the Client Contact Form. A staff member can provide you with this form upon request.
- **Receive a Paper Copy of This Notice.** You have the right to request a copy of this notice from Dr. Robyn Psychotherapeutic Services, LLC, at any time.
- **Be Notified of a Breach.** By law, Dr. Robyn Psychotherapeutic Services, LLC, is required to notify you following a breach involving your unsecured protected health information, as defined by 45 CFR §§ 164.400-414.
- **File a Complaint.** You have the right to file a complaint if you believe any of your or someone else's health information privacy rights have been violated. You may file a complaint by contacting the Dr. Robyn Psychotherapeutic Services, LLC, Record Custodian at drrobynwr@gmail.com. You may also file a complaint with the United States Department of Health and Human Services. For more information on filing a complaint with the Department of Health and Human Services, visit: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. There will be no retaliation against you in any way for filing a complaint.

How Your Health Information May be Used without your Written Permission

- **For Treatment.** Exchange of information between healthcare providers external to the facility may occur under the following conditions: Coordination or

management of healthcare; consultation between providers related to a client; and referral of a client from one provider to another.

- **For Payment.** PHI may be released for payment in accordance with HIPAA and state laws and regulations. In accordance with Wisconsin State Law, PHI may be released to third-party payers only with informed consent.
- **For Healthcare Operations.** Your protected health information may be disclosed to Dr. Robyn Psychotherapeutic Services, LLC staff members, individuals serving in bona fide training programs or individuals participating in supervised volunteer programs at the facility when and to the extent that performance of their duties requires that they have access to such information.
- **In Response to a Lawful Court Order.** Your protected health information may be released pursuant to a lawful court.
- **To Prevent a Serious Threat to Health or Safety.** Your protected health information if the release is intended to prevent or lessen a serious and imminent threat to health or safety and the information is being provided to someone who could prevent or lessen the threat.
- **Mandated Reporting.** If a Dr. Robyn Psychotherapeutic Services, LLC, staff member who has reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected, or has reason to believe that a child seen in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur, Dr. Robyn Psychotherapeutic Services, LLC, is required to make a report to county Child Protective Services or law enforcement.
- **During a Medical Emergency.** If you are experiencing a medical emergency and are unable to provide consent to release information, your health information may be disclosed to the healthcare provider responding to the emergency. Only information necessary to meet the medical emergency will be disclosed.
- **For Oversight Activities.** Your information may be disclosed to authorized representatives of State Licensing Bodies or the Department of Health and Human Services when either body is undertaking a compliance audit, investigation, review or enforcement action.
- **As Required by Law.** Your information will be disclosed as otherwise required by law.

Note: Please refer to Informed Consent and Acknowledgement of Receipt of Notice of Privacy Practices for receipt acknowledgement.