



Acknowledgment of Privacy Notice

Although the security of mental health records has continuously been addressed by State and Federal laws, the rules have been considerably strengthened by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). This notice describes how Protected Health Information, PHI, about you may be used and disclosed and how you can get access to this information. Please review it carefully.

In this document, PHI includes any information that relates to your past, present, or future physical or mental health conditions.

Protecting Your Privacy

Providers of mental health services must always manage health records with great concern for privacy and confidentiality. A therapist is required by law to protect the privacy of your health information. This means that therapists cannot use or disclose your health information without your authorization except in the ways we tell you in this notice. If we wish to use or disclose your health information in ways other than those stated in this notice, we will ask you for your written authorization. If you give such authorization, you may revoke it at any time, but we will not be liable for uses or disclosures made before you revoke your authorization.

Client's rights to request confidential communications.

The right to inspect and obtain a copy of your PHI constitutes an important part of the therapy process and helps with the continuity of care over time. According to the rules of HIPAA, your treatment is documented in your clinical records (ie. Intake Assessment, Treatment Plan, Progress Notes...). You have the right to inspect and receive a copy of your clinical record. Such a request must be submitted in writing.

The Right to Request a Correction or Add an Addendum to your Health Record Correction.

If you believe there is an inaccuracy in your clinical record, you may request a correction in writing. If the information is accurate, however, or it has been provided by a third party (e.g., previous therapist, primary care physician, psychiatrist, etc.), it may remain unchanged, and the request denied. In this case, you will receive an explanation in writing, with a full description of the rationale. Additionally, you may request to place a copy of your written disagreement in your records.

The right to obtain a list of those with whom your PHI has been shared.

You have the right to know if, when, and to whom your health information has been provided to. However, you likely would already be aware of disclosures, as you would have signed consent forms allowing their release. You have the right to request restrictions on certain uses or disclosures of your protected information. These requests must be in writing, and most likely will be honored, although in some cases they may be denied. We do not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, and other exceptions specified in this notice.



You have the right to request that your therapist communicates with you about your treatment in a certain manner, or at a certain location. For example, you may prefer to be contacted at work, instead of home, or on a cellular telephone, to schedule or cancel an appointment. We prefer you submit such requests in writing, and be specific with respect to how/when/where to contact you.

The right to receive a copy of this Notice

You have the right to request and obtain a copy of this Notice of Privacy Practices and other documents in your record.

To choose someone to act for you.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

The right to withdraw authorization

You have the right to withdraw permission you have given us to use or disclose health information that identifies you unless we have already taken action based on your permission. Your request to withdraw permission must be submitted to our office in writing.

To file a complaint if you feel your privacy rights have been violated.

You have the right to file a grievance if you believe your privacy rights have been violated. Complaints must be filed in writing and may be addressed directly to Insight Treatment Services.

You can file a complaint by contacting the Practice using the following information:

Insight Treatment Services

300 Thomson Park Dr., Suite 322B, Cranberry Township PA 16066

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The Practice will not retaliate against you for filing a complaint. You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

How InSight Treatment Services LLC May Use Your Protected Health Information

Your medical record is used to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include but are not limited to the review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder text or telephone calls, and records review to ensure completeness and quality of care.



We will access your record to assist in the continuity of your treatment and services. We will not share this information with other health care professionals, however, unless you specifically request it or agree to it, and sign a consent form to that effect.

It is possible (but unlikely) that the Department of Health and Human Services may review how our office complies with the regulations of HIPAA. In such a case, your personal health information could be revealed as a part of providing evidence of compliance. Additionally, we may be required by law to disclose health information about you in response to an order or subpoena issued by a regular or administrative court.

Limits to Confidentiality:

Federal and State laws require abuse, neglect, and threats to be reported to social services or other protective agencies. Therefore, there are circumstances when a clinician is required to break confidentiality and thus disclose your protected health information:

- When there is a risk of imminent danger to the client or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- When there is a suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally bound to take steps to protect the child or elder and to inform the proper authorities.
- When a valid court order is issued for medical records, your clinician may be bound by law to comply. If such reports are made they will be disclosed to you or your legal representative unless disclosure increases the risk to the individuals involved. Disclosed information will be limited to the minimum necessary.

To comply with the law, law enforcement, or other government requests

- Required by law: If required by federal, state, or local law.
- Law enforcement: For the law to locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons, or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests.

Our office may contract with a billing/credentialing agency, accounting, or attorneys to attend to business aspects on an as-needed basis. In this case, there will be a written contract in place with the agency, requiring that it maintain the security of your information in compliance with the rules of HIPAA.

Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

Unless you object, the Practice may disclose PHI:



- To your family, friends, or others if PHI directly relates to that person's involvement in your care.
- If it is in your best interest because you are unable to state your preference.

Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

- Marketing, sale of PHI, and psychotherapy notes.

Please note that this privacy notice may be revised. We will notify you of changes in the laws concerning your privacy and rights as we become aware of these changes. In the meanwhile, please do not hesitate to raise any questions or concerns you might have about your confidentiality.

Your signature on this form confirms that you received the *Acknowledgment of Privacy Notice* for Insight Treatment Services. You have read and comprehend this privacy notice and your rights concerning the use of PHI.