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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 understand that health information about you and your mental 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 my 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 are currently in effect.

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.

1. For Treatment: I may use your PHI to provide you with mental health treatment. I may disclose your PHI to appropriate staff members or other health care/service providers who are now or may become involved with you to assure high quality care and well-coordinated services.
2. For Payment: I may use and disclose your PHI so that the treatment and services you receive with me may be billed and payment may be collected from you, an insurance company, or a third party. For example, I may need to give your health plan information about your diagnosis so your health plan will pay me or reimburse you for treatment/services. I may also tell your health plan about a treatment/service you are

going to receive to obtain prior approval or to determine whether your plan will cover the treatment/service.

3. For Health Care Operations: I may use and disclose your PHI for my operations. These uses and disclosures are necessary to run my practice and make sure that all of my clients receive quality care. For example, as part of maintaining a New Hampshire license to practice, clinicians are required to discuss cases with colleagues. I must obtain formal supervision on certain cases when necessary. In these situations, I do not disclose the identity of the client, and all colleagues are legally bound by confidentiality as well.
4. Appointment confirmation and reminders: I may use your name and phone number to contact you or leave a message as a reminder that you have an appointment with me.
5. Individuals Involved in Your Care or Payment for Your Care: I may release PHI to a friend or family member who is involved in your care or to someone who helps pay for your care. In such cases it is my preference to talk with you about such a disclosure and obtain a written release of information. However, in the case of an emergency, I may update a friend or family member about your condition, status or location.
6. As Required by Law: I will disclose PHI about you when required to do so by federal, state or local law. In these cases, I am committed to talking to you about disclosures if possible. New Hampshire laws require psychotherapists to report the following:
 - Hazing;
 - Suspicion of child abuse, neglect or exploitation;
 - Abuse of an incapacitated adult or elder;
 - Opioid abuse by a parent or guardian in a home where minor age children are present;
 - A “serious threat of physical violence” to a person or property.
7. To Avert a Serious Threat to Health or Safety: I may use and disclose your PHI when 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 someone able to help prevent that threat.
8. Public Health Risks: I may be required to disclose your PHI for public health activities. I will only make this disclosure if you agree or when required or authorized by law. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report child abuse or neglect;
 - to report reactions to medications, problems with products, notification of recalls;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if I believe a person has been the victim of abuse, neglect or domestic violence.
9. Health Oversight Activities: I may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the

government to monitor the health care system, government programs, and compliance with civil rights laws.

10. Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, I may disclose PHI about you in response to a court or administrative order. I may also disclose PHI about you in response to a 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 or to obtain an order protecting the information requested.
11. Law Enforcement: I may be required to release limited PHI if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, or other legitimate legal process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, I am unable to obtain the person's agreement;
 - About a death I believe may be the result of criminal conduct;
 - About criminal conduct at my office; and
 - In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
12. Coroners, Medical Examiners and Funeral Directors: I may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
13. Workers Compensation: I may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes: I keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a) For my use in treating you.
- b) For my use in training or supervising mental health practitioners to help them improve their skills in individual counseling or therapy
- c) For my use in defending myself in legal proceedings instituted by you.
- d) For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e) Required by law and the use or disclosure is limited to the requirements of such law.
- f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g) Required by a coroner who is performing duties authorized by law.
- h) Required to help avert a serious threat to the health and safety of others.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. Right to Inspect and Copy: You have the right to inspect and copy a designated record set or PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, and other costs associated with your request, as governed by state law. I may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed and I will comply with the outcome of the review.
2. Right to Amend: If you feel that treatment/service information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept by my practice. To request an amendment, your request must be submitted to me in writing. In addition, you must provide a reason that supports your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information that:
 - Was not created by me, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by my office;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
3. Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a listing of the disclosures I have made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a period of time. The first list you request within a 12-month period will be free. For additional lists, I may charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI I disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. In your request, you must tell me

- (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, for example, disclosures to your spouse or home provider.

5. Right to Request Confidential Communications: You have the right to request that I communicate with you about treatment/service matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. To request confidential communications, you must make your request in writing. I will not ask you the reason for your request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
6. Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE: I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for medical information I already have about you as well as any information I receive in the future. I will keep a copy of the current notice in my office. The notice will contain, on the first page, the effective date. In addition, each time you are readmitted for treatment for a new episode of care, I will offer you a copy of the notice currently in effect.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with me or with the New Hampshire Secretary of the Department of Health and Human Services. All complaints to me must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF YOUR PHI: Other uses and disclosures of medical information not covered by this notice or the laws that apply to me will be made only with your written permission. If you provide me permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I 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 have already made with your permission, and that I am required to retain my records of the care that I provided to you.

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.