

**Gary Breuer, LPC, PLLC**

**ARIZONA NOTICE**

**Policies and Practices to Protect the Privacy of Your Health Information**

(Notice of Privacy Practices)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and my Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

**I. Uses and Disclosures for Treatment, Payment and Health Care Operations**

As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. Your mental health record contains Protected Health Information ("PHI") that identifies you, describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress. With consent from the patient, health care providers are legally allowed to use or disclose patient PHI for treatment, payment, and health care operations purposes.

**II: Uses and Disclosures Requiring Authorization**

Authorization is written permission that allows for certain disclosures. If I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. You may revoke all such authorizations at anytime in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

**III. Uses and Disclosures with Neither Consent nor Authorization**

There are some important exceptions to the rule of confidentiality as required by law. I may use or disclose PHI without your consent or authorization as legally required in the following circumstances:

*Emergency:* If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

*Child Abuse Reporting:* If I have reason to suspect that a child is abused or neglected, I am required by Arizona law to report the matter immediately to the Arizona Department of Child Safety.

*Adult Abuse Reporting:* If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Arizona law to immediately make a report to Arizona Adult Protective Services.

*Health Oversight:* If the Arizona Board of Behavioral Health Examiners is conducting an investigation, then I am required to disclose PHI upon receipt of a subpoena from the Board.

480-758-2552

www.garybreuer.com

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*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 I will not release information unless you provide written authorization or a judge issues a court order. Protections of privilege may not apply if I do 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:* If you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am 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. I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety.

*Worker's Compensation:* If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider, to the extent necessary to comply with worker's compensation laws.

There may be additional disclosures of PHI that I am required or permitted by law to make without consent, however, the disclosures listed above are the most common. Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

### **IV. Patient's Rights and Provider's Duties:**

*Right to Request Restrictions*-You have the right to request restrictions on certain uses and disclosures of PHI about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information I disclose. However, I am not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and describe: 1) what information you want to limit; 2) whether you want to limit my 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 me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail 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. Upon your request, I 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/or obtain a copy of your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in some circumstances. Upon your request, I will discuss with you the details of the request and denial process.

*Right to Amend* – If you feel that protected health information in your record is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing, and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request. Upon your request, I will discuss with you the details of the amendment process.

*Right to Restrict Disclosures When You Pay Out-of-Pocket* – You have the right to restrict certain disclosures of PHI to a health plan when you have paid out-of-pocket in full for my services.

*Right to be Notified if There is a Breach of Your Unsecured PHI* – You have the right to be notified if there is a use or disclosure of your PHI in violation of the HIPAA Privacy Rule.

*Right to a 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.

### **V. Complaints:**

If you have questions about this notice, disagree with a decision I made about your records or have other concerns about your privacy rights, you may contact me at 480-758-2552. If you believe your privacy rights have been violated and wish to file a complaint with me, you may send a written complaint to Gary Breuer, MA, LPC, Privacy Officer, at the address below. You may also send a written complaint to the Secretary of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201 or by calling (202) 619-0257. You will not be retaliated against for filing a complaint.

**The effective date of this Notice is September 23, 2013.  
(Modified 9/1/14)**