

## NOTICE OF PRIVACY POLICIES

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*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. Our Pledge.

At Changing Tides Therapy Services, Inc., we understand that health information about you and your health care is personal. We are committed to protecting information about your health and health care. We create a record of the care and services you receive from us. We 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 our practice. This notice will tell you about the ways in which we may use and disclose information about your health and health care. It will also describe your rights to the health information we keep about you, and the obligations we have regarding the use and disclosure of information about your health and health care. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your health information; and
- Follow the terms of the notice that is currently in effect.

### II. Your Rights.

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your paper or electronic medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we will tell you why in writing within sixty (60) days.

- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service a health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information.** You can ask for a list of the times we’ve shared your health information for up to six (6) years prior to the date you request it, which will include information about who we shared it with and why. We will provide one list a year for free, but will charge a reasonable, cost-based fee if lists are requested within twelve (12) months of the date of the previous list. The list will include all the disclosures we have made, except for those about treatment, payment, and health care operations, as well as any disclosures you have asked us to make.
- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **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 and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us using the information on the bottom of each page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/), sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, or by calling the following number: 1-877-696-6775. We will not retaliate against you for filing a complaint.

### III. Your Choices.



For certain health information, you can make choices about what we are able to share and how we are able to share it. If you have a clear preference for how we share your information in the situations described below, please let us know.

- **In these cases, you have both the right and choice to tell us to:** (i) share information with your family, close friends, or others involved in your case, (ii) share information in a disaster relief situation; and (iii) include your information in a hospital directory.
- **If you are not able to tell us your preference**, for any reason, such as, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- **In the following cases, we never share your information unless you give us written permission:** (i) marketing purposes; (ii) sale of your information; and (iii) most sharing of psychotherapy notes.
- **In the case of fundraising**, we may contact you for fundraising efforts, but you can tell us not to contact you again.

#### IV. **Our Uses and Disclosures.**

**How do we typically use or share your information?** We typically use or share your information in the following ways:

- **To treat you.** We can use your health information and share it with other professionals who are treating you. For example, when one health care provider asks another health care provider about your overall health condition.
- **To run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.
- **To bill for your services.** We can use and share your health information to bill and receive payment from health plans and other third-party entities. For example, we give information about you to your health insurance plan so it will pay for your services.

**How else can we use or share your health information?** We are allowed or required to share your health information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information regarding these requirements, please see this website, [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html).

- **To help with public health and safety issues.** We can share health information about you for certain situations such as: (i) preventing disease; (ii) helping with product recalls; (iii) reporting adverse reactions to medicine; (iv) reporting suspected abuse, neglect or domestic violence; and (v) preventing or reducing a serious threat to anyone's health or safety.
- **To do research.** We can use or share your information for health-related research.
- **To comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **To work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **To address workers' compensation, law enforcement, and other government request.** We can use or share health information about you: (i) for workers' compensation claims; (ii) for law enforcement purposes or with a law enforcement official; (iii) with health oversight agencies for activities authorized by law; (iv) for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## V. **Our Responsibilities.**

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices

described in this notice and give you a copy of it. We will not use or share your information other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### VI. **Text Messaging & Mobile Information Privacy.**

- **Privacy.** We respect your privacy. No mobile information will be shared with any third parties or affiliates for marketing or promotional purposes.
- **Support Services.** Information sharing with subcontractors in support services (such as customer service, secure messaging platforms, electronic health record vendors, and telecommunications providers) is permitted as necessary to provide services on our behalf.
- **Text Messaging Opt-In Data Protection.** All text messaging originator opt-in data and consent information will not be shared with any third parties, excluding aggregators and providers of the Text Message services.
- **Personal Information.** We do not sell or rent personal information, including mobile numbers or messaging consent, to third parties.

#### VII. **Miscellaneous.**

- **Changes to the Terms of this Notice.** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.
- **Session Notes.** We do keep “Session notes” and any use or disclosure of such notes requires your authorization unless the use or disclosure is: (i) for our use in treating you; (ii) for our use in training or supervising associates to help them improve their clinical skills; (iii) for our use in defending the practice in legal proceedings instituted by you; (iv) for use by the Secretary of Health and Human Services to investigate our compliance with HIPAA; (v) required by law and the use or disclosure is limited to the requirements of such law; (vi) required by a coroner who is performing duties authorized by law; (vii) required to help avert a serious threat to the health and safety of others.
- **Substance Abuse Treatment Notes.** We will never share any substance abuse treatment records without your written permission.
- **Privacy Contact.** If you have any questions regarding this Notice, please contact our office at (907) 435-1071, or by email at [office@changingtideshomer.com](mailto:office@changingtideshomer.com).



- **Effective Date.** The Effective Date of this Notice shall be the date of signature below.

VIII. **Acknowledgement of Receipt of Privacy Practices.**

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 signing below, you are acknowledging that you have received and reviewed a copy of our HIPAA Notice of Privacy Practices, and that you understand the terms and provisions thereof.

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Printed Name

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Signature

Date

*If signing on behalf of another individual / patient (for any reason whatsoever), please complete the following:*

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Patient's Name

Relationship to Patient