

# Sandplay for Life

## Notice of Privacy Policy

Required by Health Insurance Portability and Accountability Act (HIPAA)

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Please review it carefully, then sign and bring in the last page.

Your health record contains personal information about you and your health. This information, which may identify you and 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 Sandplay for Life (SPFL) may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

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

How SPFL may use and disclose health information about you.

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members.

SPFL may disclose PHI to any other consultant only with your authorization.

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For Payment: SPFL may use or disclose PHI so that it can receive payment for the treatment services provided to you. This will only be done with your authorization.

For Health Care Operations: SPFL may use or disclose, as needed, your PHI in order to support business activities, including, but not limited to reminding you of appointments, providing information about treatment alternatives or other health-related benefits and services, licensing, and conducting or arranging for other business activities. For example, she may share your PHI with third parties that perform various business activities (e.g., computer and technical services) provided she has a written contract with the business entity that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

Required by Law: Under the law, SPFL must make disclosures of your PHI to you upon your request. SPFL may decline, but must document the reasons and you may appeal. In addition, SPFL must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining its compliance with the requirements of the Privacy Rule.

**Following is a list of the categories of uses and disclosures mandated by law or permitted by HIPAA without an authorization.**

Abuse and neglect  
Judicial and Administrative Proceedings  
Emergencies  
Law Enforcement  
National Security  
Public Safety (Duty to warn)

With Verbal Permission: SPFL may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

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With Written Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

SPFL will not release records to any outside party unless she has written authorization to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

Consultation: SPFL may with other professionals regarding clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

Confidentiality and Technology: Please be aware that email and cell phones are not necessarily secure. While SPFL takes every precaution, these modes of communication are vulnerable.

### **Your Rights Regarding Your PHI:**

You have the following rights regarding your personal PHI maintained by our office. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Catherine Hartshorn, LCSW, at [catherine@sandplayforlife.com](mailto:catherine@sandplayforlife.com).

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. SPFL may charge a reasonable, cost-based fee for copies.

Right to Amend: If you feel that the PHI that SPFL has about you is incorrect or incomplete, you may ask SPFL to amend the information, although SPFL is not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request a restriction or limitation on the use or disclosures that SPFL makes of your PHI. SPFL may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. SPFL is not required to agree to your request unless

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the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, SPFL is required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that SPFL communicate with you about medical matters in a certain way or at a certain location.

Breach Notification. If there is a breach of unsecured protected health information concerning you, SPFL may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice. You have the right to a copy of this notice.

**Complaints:**

If you believe SPFL has violated your privacy rights, you have the right to file a complaint in writing with Catherine Hartshorn, our Privacy Officer at [catherine@sandplayforlife.com](mailto:catherine@sandplayforlife.com) or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 202- 619-0257. SPFL will not retaliate against you for filing a complaint.

The effective date of this Privacy Notice is September 1, 2014.

\*note: to print only page 5 please check your printer settings and change them from the default of all pages to print only pages 5-5 (as opposed to 1-5).

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**Acknowledgement of Receipt of Privacy Policies**

with Catherine Hartshorn, Ph.D.

Sandplay for Life

*Please sign and bring this page with you to our first appointment.*

I have read the Privacy Notice and understand my rights under HIPAA.

**Client's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Client's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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