

**Sarah Reno Baker, MFT-Intern**  
Sierra Counseling Center 1855 Sullivan Ln, Suite 145 Sparks, NV 89431  
775-525-1839 | sarahrenobakerscc@gmail.com  
Marriage and Family Therapist Intern NV License Number MI4169  
Compassion | Validation | Growth

**HIPAA COMPLIANCE PRIVACY NOTICE**  
**YOUR INFORMATION, YOUR RIGHTS, OUR RESPONSIBILITIES**

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.*

Name of Therapist/Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Your Rights**

*You have the right to:*

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we have shared your information.
- Get a copy of this Privacy Notice.
- Choose someone to act on your behalf.
- File a complaint if you believe your privacy rights have been violated.

**Your Choices**

*You have some choices in the way we use and share information, as we:*

- Tell family and friends about your condition.
- Share information in a disaster relief situation.
- Share information for marketing, sales, or fundraising purposes.

**Our Uses and Disclosures**

*We may use and share your information as we:*

- Treat you.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Perform research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

This information is discussed in further detail on the following pages.

## **YOUR RIGHTS**

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

### **Get an electronic or paper copy of your medical record.**

- You can ask to see or receive 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 30 days of your request. We may charge a reasonable, cost-based fee.

### **Correct your medical record.**

- You can ask us to correct your health information that you think is incorrect or incomplete. Ask us how to do this.
- We may deny your request, but we will tell you why in writing within 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 agree to all reasonable requests.

### **Limit what we use or share.**

- You can ask us not to use or share certain parts of your health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may deny it if it would affect your care.
- If you pay for a service or 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 agree to your request unless a law requires us to share that information.

### **Receive a list of those with whom we have shared information.**

- You can ask for a list (“accounting”) of the times we have shared your health information for six years prior to the date you ask, with whom we shared this information, and why.
- We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you requested us to make). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you request another within 12 months.

### **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 on your behalf.**

- 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 on your behalf 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.
- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference – for example, if you are unconscious – we may go ahead and 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:**

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

**OUR USES AND DISCLOSURES****How do we typically use or share your health information?****To treat you.**

- We can use and share your health information with other professionals who are treating you.

**To run our organization.**

- We can use and share your health information to run our practice or improve your care and contact you when necessary.

**To bill for services.**

- We can use and share your health information to bill and get payment from health plans or other entities.

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually to contribute to the public good, such as public health and research. We must meet many legal conditions before we can share your information for these purposes. For more information, visit: [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.**

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

**To perform research.**

- We can use or share your information for health research.

**To comply with the law.**

- We will share information about you if state or federal laws require it, including the Department of Health and Human Services, if it needs to confirm that we are complying with federal privacy law.

**To respond to organ and tissue donation requests.**

- We can share health information about you with organ procurement organizations.

**To work with a medical examiner or funeral director.**

- We can share health information with a coroner, medical examiner, or funeral director when a person dies.

**To address workers' compensation, law enforcement, and other government requests.**

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions, such as military, national security, and presidential protective services.

**To 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.

Name of Person Responsible for HIPAA Notification: \_\_\_\_\_

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

**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.

Effective date: \_\_\_\_\_

This Privacy Notice applies to the following (*your information*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Privacy Officer information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_