

HIPAA Notice of Privacy Practices

Effective: December 2, 2024

General Information East to West Therapy, LLC understands that your health and medical information is personal. To provide quality care and comply with legal requirements, we must keep a record of the services and care you receive. This record contains your Protected Health Information ("PHI"), which includes information that could reveal your identity and details about your health.

East to West Therapy, LLC is legally required to:

- Ensure that your PHI is kept private.
- Provide you with this notice, outlining our legal duties and privacy practices regarding your health information.
- Follow the terms of this notice, which is currently in effect.

East to West Therapy, LLC will only release your health information as allowed by federal and state law and will uphold the highest ethical standards in doing so. This notice describes how your PHI may be used or disclosed in accordance with applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA) and related regulations.

Uses and Disclosures of PHI

1. **Treatment** Your PHI may be used and disclosed to provide, coordinate, or manage your healthcare. This includes consultations with other professionals involved in your care, such as doctors or mental health providers, for diagnosis and treatment.
2. **Payment** Your PHI may be used for billing and payment purposes. This includes determining eligibility or coverage for insurance benefits, processing claims, reviewing services for medical necessity, or conducting utilization reviews.
3. **As Required by Law** Your PHI may be disclosed if required by law, including in response to a subpoena, court order, or legal process. For example, PHI may be disclosed in legal disputes or if a court orders it. If a subpoena requests information about your child, efforts will be made to inform you of the request.
4. **Certain Disclosures with Your Authorization** For uses or disclosures not otherwise allowed by law, your written authorization will be required. You may revoke this authorization at any time, except for disclosures that have already occurred based on your consent. The following disclosures will require your written consent:

- Disclosure of psychotherapy notes (notes taken during therapy sessions, separate from the rest of your record).
- Disclosures for marketing purposes.
- Any disclosure that constitutes a sale of PHI.
- Other disclosures not specifically covered in this notice.

Psychotherapy Notes Psychotherapy notes are kept separate from the rest of your medical record and require your explicit written consent for disclosure, except in the following situations:

- For use in your own treatment.
- For training purposes, with staff or trainees.
- If you initiate a legal proceeding, to defend myself.
- If required by law to disclose to the Department of Health and Human Services (HHS) or for other legal purposes.
- To prevent serious and imminent threats to health or safety.
- To a coroner or medical examiner in the event of your death.

If you revoke authorization for psychotherapy notes, I will stop using or disclosing them as requested, unless otherwise required by law.

Limits on Confidentiality

While the law generally protects your communications with a therapist, there are situations where I may be required or permitted to disclose information without your consent. In these cases, disclosures will be limited to what is necessary:

- To comply with federal, state, or local laws.
- To prevent a serious and imminent threat to your health or safety, or that of others.
- For health research that does not require your consent (e.g., if an Institutional Review Board waives the authorization requirement).
- For workers' compensation claims or similar programs.
- For public health reasons, such as reporting suspected abuse or neglect.
- For health care oversight, such as audits or investigations.
- In response to a court order, subpoena, or similar legal process.
- To a coroner or medical examiner.

Your Rights

You have the following rights regarding your PHI. To exercise any of these rights, please submit your request in writing:

- **Right to Request Limits on Uses and Disclosures:** You can ask me to limit how your PHI is used or disclosed for treatment, payment, or health operations. I may deny your request if it affects your care.
 - **Right to Request Restrictions for Out-of-Pocket Expenses Paid in Full:** You can request that your PHI not be disclosed to health plans for items or services you've paid for entirely out-of-pocket.
 - **Right to Choose How I Contact You:** You can request how I contact you (e.g., at home or work), and I will accommodate all reasonable requests.
 - **Right to Access and Copy Your PHI:** You can request a copy of your medical records (except psychotherapy notes) in paper or electronic form. I will provide this within 30 days of your written request and may charge a processing fee.
 - **Right to an Accounting of Disclosures:** You can request a list of instances where I have disclosed your PHI for reasons other than treatment, payment, or health care operations. I will provide this list within 60 days of your request.
 - **Right to Correct or Update Your PHI:** If you believe there is an error or missing information in your PHI, you have the right to request a correction. If I deny your request, I will provide you with an explanation.
 - **Right to Receive a Copy of This Notice:** You are entitled to a paper or electronic copy of this Notice, even if you agreed to receive it electronically.
-

Revisions to This Notice

East to West Therapy, LLC may revise this notice at any time. If any changes occur, the revised notice will apply to all PHI. You may request a copy of the updated notice at any time or access it on our website.

Acknowledgment of Receipt

*By signing below, you acknowledge that you have received a copy of this **HIPAA Notice of Privacy Practices** and understand your rights regarding the use and disclosure of your protected health information.*