

**Growing Edges LLC**  
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**HIPAA Notice of Privacy Practices**

I. 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.

**Growing Edges LLC, Glendale, AZ**

**Acknowledgment of Receipt of "Notice of Privacy Practices"**

The federal government mandated that as of April 14, 2003 all health care patients are to receive from their clinicians a notice (hereafter referred to as "Notice") regarding the protection of their private health care information in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule (45 C.F.R. parts 160 and 164). This form documents that this practice and its practitioners (herein referred to 'the Practice') has given you the "Notice" that is required. HIPAA covers what is called "protected health information" (PHI) that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you. The Notice contains basic information about: 1. How your PHI may be used and disclosed for treatment and health care operations (these terms are defined in the Notice). 2. Which uses and disclosures require authorization from you and which don't. 3. How you may revoke an authorization you have made. 4. Certain rights you have to restrict use and disclosure of PHI, to receive confidential communications by alternative means and at alternative locations, to inspect and copy your records, to amend your records, to have an accounting of disclosures. 5. A list of our duties to protect the privacy of your PHI, our right to change the privacy policies and practices described in the Notice, and how we will inform you of changes. 6. What you can do if you have any complaints about violations of your privacy rights, about decisions about access to your records we may make. 7. Any restrictions and limitations you or we wish to put on the use and disclosure of your PHI. The Privacy Notice is four pages long. Generally, this Notice is given to a client (or their parent if the client is a minor) at the first visit.

II. This paperwork is required by Federal regulations and you will be asked to sign a notice that you have received this material to receive services in their offices. If you have any questions about this Notice please contact: our Privacy Contact at the Practice at 602-548-1444.

This Notice of Privacy Practices describes how the Practice may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. the Practice is required to abide by the terms of this Notice of Privacy Practices. They may change the terms of our notice, at any time. The new notice will be effective for all protected health information that they maintain at that time. Upon your request, they will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

III. You will be asked by the Practice to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, they will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by them, the office staff and others outside of the office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the Practice. The following are examples of the types of uses and disclosures of your protected health care information that the Practice is permitted to make once you have signed the consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

IV. Uses and Disclosures of Protected Health Information

A. Uses and disclosures of protected health information based upon your written consent.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, the Practice would

disclose your protected health information, as necessary, to a managed care company that provides care to you. They will also disclose protected health information to other therapists or physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, with a signed release form, your protected health information may be provided to a therapist to whom you have been referred to ensure that the therapist has the necessary information to diagnose or treat you. In addition, once a specific release form is signed, we may disclose your protected health information from time-to-time to another therapist or health care provider (e.g., a specialist or laboratory) who, at the request of your therapist, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your therapist.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for psychological testing may require that your relevant protected health information be disclosed to the health plan to obtain approval for the testing.

Healthcare Operations: The Practice may use or disclose, as-needed, your protected health information in order to support the business activities of the Practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. They may also call you by name in the waiting room when they are ready to see you. They may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or of an emergency or routine cancellation of your appointment. They will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the Practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, they will have a contract that contains terms that will protect the privacy of your protected health information. They may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. They may also use and disclose your protected health information for other marketing activities. For example, your name and address or email address may be used to send you a newsletter about their practice and the services they offer. They may also send you information about products or services that they believes may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

B. Uses and disclosures of protected health information based upon your written authorization.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the Practice or the office has taken an action in reliance on the use or disclosure indicated in the authorization.

Other permitted and required uses and disclosures that may be made with your consent, authorization or opportunity to object. The Practice may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then they may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the Practice may disclose such information as necessary if they determine that it is in your best interest based on the professional judgment. They may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, they may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: The Practice may use or disclose your protected health information in an emergency treatment situation. If this happens, they shall try to obtain your consent during or as soon as reasonably practicable after the delivery of treatment. If they are required by law to treat you and they have attempted to obtain your consent but are unable to obtain your consent, they may still use or disclose your protected health information to treat you.

Communication Barriers: The Practice may use and disclose your protected health information if they attempt to obtain consent from you but is unable to do so due to substantial communication barriers and if they determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

C. Other permitted and required uses and disclosures that may be made without your consent, authorization or

opportunity to object.

The Practice may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: The Practice may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Health Oversight: The Practice may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: The Practice may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, they may disclose your protected health information if they believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: The Practice may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: The Practice may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: The Practice may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. They may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. They may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for a cadaver organ, as well as eye or tissue donation purposes.

Research: The Practice may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, the Practice may disclose your protected health information, if they believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. They may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, the Practice may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. They may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: The Practice may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: The Practice may use or disclose your protected health information if you are an inmate of a correctional facility and the Practice created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, the Practice must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## V. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that the Practice uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records; therapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact the Privacy Contact if you have questions about access to your medical record. You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The Practice is not required to agree to a restriction that you may request. If they believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If they do agree to the requested restriction, they may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the. You may request a restriction by communicating in writing directly with the Practice. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. the Practice will accommodate reasonable requests. they may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. they will not request an explanation from you as to the basis for the request. Please make this request in writing to the Privacy Contact. You may have the right to have the amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as the Practice maintains this information. In certain cases, they may deny your request for an amendment. If they deny your request for amendment, you have the right to file a statement of disagreement and the Practice may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the Privacy Contact to determine if you have questions about amending your medical record. You have the right to receive an accounting of certain disclosures they have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures the Practice may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time-frame. The right to receive this information is subject to certain exceptions, restrictions and limitations. You have the right to obtain a paper copy of this notice from the Practice, upon request, even if you have agreed to accept this notice electronically.

#### VI. Complaints

You may complain to the Practice directly or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with the Practice by notifying the privacy contact of your complaint at: **Ilyssa Swartout, 19580 W. Indian School Rd, Ste 105 #134, Buckeye, AZ 85396.** You may also contact Health and Human Services at **200 Independence Avenue S.W., Washington D.C. 20201** for further information about the complaint process. **The practice will not retaliate against you for filing a complaint.**

#### VII. Effective Date of this Notice

The effective date of this Notice is April 14, 2003.

**I acknowledge that this Practice has provided me a copy of this Privacy Notice either electronically, via US Mail, or in person, as required by the federal government's HIPAA legislation.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print the name of Parent or Legal Guardian if the above client is a minor. \_\_\_\_\_

Your relationship to the client as the person signing for him/her: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_