

Notice of Privacy Practices

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Effective August 15, 2023, this Notice is a mandatory notification of our privacy practices. You must carefully review how your health information may be used and disclosed, as well as the procedures for accessing this information. No exceptions will be made.

Section I - As Your Healthcare Provider:

As your healthcare provider, I am committed to safeguarding your personal health information. I understand the importance of maintaining a record of your care and services to provide quality care and comply with legal requirements. This Notice outlines how your health information may be used and disclosed and explains your rights regarding its use and disclosure. I must keep your protected health information confidential and provide you with this Notice outlining my legal duties and privacy practices. Please note that I may change the terms of this Notice, but the updated version will be available upon request in my office and on my website.

Section II - How I Use and Disclose Health Information About You:

The following categories outline how I may use and disclose your health information. I will provide explanations and examples for each type of use or disclosure, but please note that not every instance will be listed. All uses, and disclosures of information fall within one of these categories.

Treatment, Payment, or Healthcare Operations: Federal privacy regulations allow healthcare providers with a direct treatment relationship with the patient/client to use or disclose their personal health information for treatment, payment, or healthcare operations without written Authorization. For example, suppose a clinician consults with another licensed healthcare provider about your condition. In that case, we may use and disclose your confidential health information to help diagnose and treat any health conditions.

Disclosures for treatment are not limited to minimum necessary standards, as therapists and other healthcare providers need access to complete health records. The word "treatment" includes coordinating and managing healthcare providers with third parties, consulting between providers, and referring patients from one healthcare provider to another.

Lawsuits and Disputes: If you are involved in a legal case, we may disclose your health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. However, we will try to inform you of such demands or obtain an order to protect the requested information.

Section III - Authorization Required for Certain Uses and Disclosures:

I keep records of "psychotherapy notes" as defined by 45 CFR § 164.501. Any use or disclosure of these notes requires your Authorization, except in the following scenarios:

- To provide you with treatment.
- To train and supervise mental health practitioners in group, joint, family, or individual counseling or therapy.
- To defend against legal proceedings initiated by you.
- To investigate my compliance with HIPAA by the Secretary of Health and Human Services.
- When required by law, limited to the requirements of such law.
- When the law requires certain health oversight activities related to psychotherapy notes or by a coroner performing authorized duties.
- To prevent a serious threat to the health and safety of others.

As your psychotherapist, I will not use or disclose your PHI for marketing purposes or sell your PHI in the regular course of my business.

Section IV - Instances where your consent is not necessary for the use and disclosure of your PHI:

There are certain situations where I may use and disclose your PHI without your Authorization, as permitted by law. These include:

- When the disclosure is required by state or federal law and is limited to the specific requirements of that law.
- For public health activities such as reporting suspected abuse of children, the elderly, or dependent adults and preventing or reducing severe threats to public health.
- For health oversight activities such as audits and investigations.
- For judicial and administrative proceedings, though, I prefer obtaining your Authorization before doing so.
- For law enforcement purposes, such as reporting crimes on my premises.
- To coroners or medical examiners who perform authorized duties by law.
- For research purposes such as studying and comparing mental health treatments for patients.
- For specialized government functions such as protecting the President of the United States or ensuring the safety of those in correctional institutions.
- For workers' compensation purposes, though, I prefer obtaining your Authorization before doing so.

Additionally, I may use and disclose your PHI to remind you of upcoming appointments or to inform you about alternative treatment options or other healthcare services and benefits.

As a patient, you have certain rights concerning using and disclosing your Protected Health Information (PHI). In most cases, unless you object, I may provide your PHI to a family member, friend, or other person involved in your care or payment for your healthcare. However, you have the right to ask me not to use or disclose certain PHI for treatment, payment, or healthcare operations purposes. Please note that I am not obligated to agree to your request, and I may decline if I believe it would negatively impact your healthcare.

You also have the right to request restrictions on disclosures of your PHI to health plans for payment or healthcare operations purposes if you paid for a healthcare item or service out-of-pocket in full.

Additionally, you can choose how I send your PHI to you, such as a specific phone number or mailing address.

You can obtain a copy of your medical record and other relevant information, except for psychotherapy notes. I will provide you with a copy or summary within 30 days of receiving your request, and I may charge a reasonable fee for this service.

You can request a correction or addition if you believe there is an error or missing information in your PHI. I will respond to your request within 60 days and inform you in writing if I cannot.

Finally, you can receive a paper or electronic copy of this Notice. You can request a paper copy anytime if you agree to receive this Notice via email.

Acknowledgment of Privacy Notice:

Per the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you hold specific rights concerning the usage and disclosure of protected health information. By ticking the box below, you confirm that you have received the HIPAA Notice of Privacy Practices.

As a result of this, I agree that I have read, comprehended, and accepted the contents of this document by signing below.