

# SAPIEN PSYCHIATRY

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## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how we 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 any information about you that may identify you and that relates to your past, present, or future health condition. Please review this document carefully. You may have additional rights under state and local law. Please seek legal counsel from an attorney licensed in your state if you have questions regarding your rights to health care information.

### ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your Protected Health Information (hereafter, "PHI").

### I. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

We can change the terms of this Notice at any time. The new notice will be effective for all Protected Health Information that we maintain at that time. A copy of the most recent Notice of Privacy Practices will be available to you, upon request, in our office, and on our website.

### II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. 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 disclosure. This includes, but is not limited to, disclosure that is authorized by law to receive reports of child abuse or neglect. We 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, or in response to a subpoena, discovery request, or other lawful process.

The following categories describe different ways that we can use and disclose health information. For each category of uses or disclosures, we will explain and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment, Payment, or Health Care Operations.** Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization, in order to carry out the health care provider's own treatment, payment, or health care operations. We may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, they would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. We may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices, and other documentation. We may use your Protected Health Information, as necessary, to contact you by telephone or letter for issues related to appointment reminders or appointment setting, or to inquire about your intent to continue services. We may use your Protected Health Information in an emergency treatment situation as allowed by law.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

We may request that you sign a consent form to obtain records from other parties who have treated you, are currently treating you, or to other agencies when referrals are made to the other agency. This written consent may be revoked by you at any time by notifying us in writing. We will also disclose information to a third party if they provide us with written consent from you to do so. You may specify, on the consent form, the information you wish us to obtain or release.

We may use or disclose, as needed, your Protected Health Information in order to support the business activities of the agency. These activities include, but are not limited to, quality assurance activities and reviews relevant to licensing or funding.

Your Protected Health Information will be used as needed to obtain payment for your health care services. This may include any activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, or for making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities. You may request that we restrict the use of your Protected Health Information and disclosure of same for treatment, payment, or health care operations, but we are not required to agree with the restriction. If we do agree with the restriction, we will not violate that agreement, except in cases of emergency.

**Lawsuits and Disputes.** If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

1. **Psychotherapy Notes.** We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization, unless the use or disclosure is:
  - a. For our use in treating you.
  - b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For our use in defending ourselves in legal proceedings instituted by you.
  - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate our compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** We will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if we request a review from you and plan to share the review publicly online or elsewhere to advertise our practice or its services, we will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking, or other personal health details). Because you may not realize which information you provide is considered “PHI,” we will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, we will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to us via the email address we keep on file, or via certified mail to our business address. Once we have received your written withdrawal of consent, we will remove your review from our website and from any other places where we have posted it. We cannot guarantee that others who may have copied your review from our website or from other locations will also remove the review. This is a risk that we want you to be aware of, should you give us permission to post your review.
3. **Sale of PHI.** We will not sell your PHI.

### IV. CERTAIN USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons. We have to meet certain legal conditions before we can share your information for these purposes:

1. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety. Consistent with applicable federal and state laws, we may disclose your Protected Health Information if we 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 to the public.

4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although our preference is to obtain an authorization from you before doing so if we are so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on our premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions including ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counterintelligence operations, or helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although our preference is to obtain an authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

## **V. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT**

**Disclosures to family, friends, or others.** You have the right and choice to tell us that we may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment of your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

## **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.
2. **The Right to Request Restrictions on Uses and Disclosures of Your PHI Regarding Out-of-Pocket Expenses Paid For In Full.** You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How We Send PHI to You.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that we have about you. A written request should be sent to your provider. We will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. We may charge a reasonable cost-based fee for doing so.
5. **The Right to Get a List of the Disclosures We Have Made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask us to make). A written request should be sent to your provider. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include

disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to challenge the accuracy of the facts in your record and request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why, in writing, within 60 days of receiving your request. You have the right to have a brief statement written by you be placed permanently in your record.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy.
8. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt Out of Communications and Fundraising from Our Organization.
11. The Right to File a Complaint. You have the right to file a complaint if you feel we have violated your privacy rights. You may file a complaint with the Secretary of Health and Human Services and/or the HHS Office for Civil Rights (which is located at 200 Independence Avenue, S.W., Washington, D.C. 20201) by calling HHS at (877) 696 - 6775 or by 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 or exercising any other right under the privacy rule.

#### **EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on 10/30/24 and was revised on 11/25/24.

**BY SIGNING BELOW YOU ARE AGREEING THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT, THAT ANY OF YOUR QUESTIONS HAVE BEEN SUFFICIENTLY ADDRESSED, AND THAT YOU HAVE ACCESS TO A COPY OF THIS DOCUMENT.**

**Name (printed):**

**Signature:**

**Date:**