



## NOTICE OF PRIVACY PRACTICES

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

### A. Introduction: To our clients

This Notice of Privacy Practices (NPP) will tell you how we at *Matthew J. Mauriello, MA, P.C.* (DBA "The Mauriello Group") handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask our privacy officer for more explanations or more details. This notice takes effect 01/24/2021 and remains in effect until we change it.

### B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or other healthcare provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called "PHI," which stands for "protected health information." This information goes into your **medical or health care records** in our office.

In this office, your PHI is likely to include these kinds of information:

- **Your history:** Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- **Your reasons for treatment:** Your problems, complaints, symptoms, or needs.
- **Your diagnoses:** These are the medical terms for your problems or symptoms.
- **Your treatment plan:** This is a list of the treatments and other services that we think will best help you.
- **Your progress notes:** Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- **Your prior records** we get from others who treated you or evaluated you, either supplied by the other provider or you.
- **Your responses, scores, & results on diagnostic tests or assessments.**
- **Your school records and vocational records.**
- **Your laboratory results.**
- **Your medications** that you took or are taking.
- **Your legal matters.**
- **Your billing and insurance information.**
- **Your other relevant personal information** that goes into your healthcare record.

We use PHI for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- To talk with other healthcare professionals who are also treating you, such as your primary care provider or the professional who referred you to us.
- To show that you actually received services from us, which we billed to you or to your health insurance company.
- For teaching and training other healthcare professionals.
- For medical, psychological, counseling, or other health-related research.
- For public health officials trying to improve healthcare in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy we can make one for you; however, we may charge you for the costs of copying and mailing (if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (i.e., add information to) your records, although in some rare situations we do not have to agree to do that. If you want, our privacy officer, whose name is at the end of this notice, can explain more about this.

### C. Privacy and the laws about privacy

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private, and to give you this notice about our legal duties and our privacy practices. We

will obey the rules described in this notice. If we change our privacy practices, they will apply to all the PHI we keep. We will also post the new NPP in our office where everyone can see. You or anyone else can also get a paper and/or electronic copy from our privacy officer at any time.

### D. How your protected health information can be used and shared

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the minimum necessary PHI needed for those other people to do their jobs. Any uses and disclosures of your PHI not covered by the NPP will only be made with your permission via written authorization, and that written authorization may be revoked by you as provided in the regulations. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So we will tell you more about what we do with your information.

Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that do not need your consent or authorization.

#### 1. Uses and disclosures with your consent:

After you have read this notice, you will be asked to sign a separate **consent form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called "health care operations." In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. **If you do not agree and consent we cannot treat you.**

a. The basic uses and disclosure: For treatment, payment, and health care operations.

***For treatment.*** We use your medical information to provide you with behavioral health, mental health, and/or substance abuse treatments or services. These might include individual, family, or group psychotherapy/counseling; diagnostic, behavioral, personality, cognitive, psychological, educational, and/or vocational testing; treatment planning; or measuring the benefits of our services.

We may share your PHI with others who provide treatment to you. We are likely to share your information with your primary care provider, referral provider, and/or psychiatric provider. If you are being treated by a team, we can share some of your PHI with the team members so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

***For payment.*** We may use your information to bill you, your insurance, or others so we can be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things. You may restrict certain disclosures of PHI to an insurance company if you have paid for the health care item or service out-of-pocket in full.

***For health care operations.*** Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide via training, consultation, supervision, and/or licensing activities. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we use your PHI for these reasons, your name and personal information will be removed from what we use and/or send.

## b. Other uses and disclosures in health care:

**Appointment reminders.** We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call, email, text, or write to you only at your home or your work, or you prefer some other way to reach you, we usually can arrange that. Just tell us. We will also inform you of any risks to the use of non-secure communications you prefer to use as well as offer you secure alternatives.

**Treatment alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

**Other benefits and services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Research.** We may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers with research approved by an appropriate institutional review board. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.

**Business associates.** We hire other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples include e-mail providers, fax providers, electronic medical records providers, electronic health records providers, cloud-based testing/assessment platforms, telehealth platforms, or billing services. These business associates need to create, receive, transmit, and/or store some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your PHI.

2. **Uses and disclosures that require your authorization:**

If we want to use your information for any purpose besides those described above, we need your permission on an **authorization form**. We do not expect to need this very often. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission. Examples of PHI use or disclosure that would need your written authorization include, but are not limited to: marketing purposes, sale of PHI, release to an employer, release to a school, release to a third-party of your choice, and most uses and disclosure of psychotherapy notes.

3. **Uses and disclosures that do not require your consent or authorization:**

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might do this.

- a. When required by law: There are some federal, state, or local laws that require us to disclose PHI:
  - We have to report suspected child abuse, elder abuse, or abuse of the disabled to the appropriate Pennsylvania department.
  - We must comply with all valid court orders to release information. Information between physicians and psychologists may be privileged in Pennsylvania, but privilege is not extended to professional counselors, social workers, marriage & family therapists, or other healthcare providers.
  - If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process, we must respond to that summons. We may or may not have to release some of your PHI. We will try to tell you about the request, try to consult your lawyer, or try to get a court order to protect the information they requested.
  - We have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws.
- b. For law enforcement purposes: We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal, or for matters of national security.
- c. For public health activities: We may disclose some of your PHI to agencies that investigate diseases or injuries.
- d. Relating to decedents: We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.
- e. For specific government function: We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers’ compensation or similar disability programs. We may disclose to a law enforcement agency that has lawful custody of you such as to correctional institution if you are an inmate. We may disclose PHI to other government agencies for national security reasons.
- f. To prevent a serious threat to health or safety: If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we

can disclose some of your PHI. We will only do this to persons who can prevent the danger.

4. **Uses and disclosures where you have an opportunity to object:**

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or family. We will ask you which persons you want us to tell, and what information you want us to tell them, about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law.

We may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat the patient representative the same way we would treat you with respect to your PHI.

If it is an emergency, and so we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you do not approve we will stop, as long as it is not against the law. You may also designate emergency contacts for us at any time.

5. **An accounting of disclosures we have made:** When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (i.e., a list) of many of these disclosures.E. **Your rights concerning your health information**

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. We do not have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records in the format of your choice (e.g., paper or electronic), but we may charge you; you will be charged the current annual copy and retrieval rates as published by the Pennsylvania Department of Health per 42 Pa.C.S. §§ 6152, 6152.1 and 6155 as well as any postage or shipping costs. If you or your representative ask us to send a copy of our records about you to a third party, another healthcare provider, or even to you we will respond to any request within thirty (30) days and with possibly one thirty (30)-day extension when justified. We also can exclude certain information such as copyrighted materials, psychotherapy notes, or anything that could cause you harm. Contact your provider or our privacy officer to arrange how to see or retrieve your records.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.
5. If your healthcare information is ever released to someone who should not see it and we find out about this we will let you know. If we decide you could be harmed by the breach some way, and we must inform you and the US Department of Health and Human Services. We will tell you about the breach in sixty (60) days or less after we discover it. We will tell you about it in a letter to the address you gave us. We will tell you what kind of information was breached, what happened to it, and when this happened. We will tell you what you can do to protect yourself from any harm that might happen because of the breach. We will tell you about what we have done to investigate what happened, what we have done to lower any harm that might happen to you, and what we will do to see that breaches do not happen again.
6. You have the right to a copy of this notice. If we change this notice, we will post the new one in our waiting area and on our website. You can always get a paper and/or electronic copy from your provider or the privacy officer.
7. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. You may have other rights that are granted to you by the laws of the Commonwealth of Pennsylvania, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

F. **If you have questions or problems**

We could not cover all the things that could come up about your PHI. If we want to use or share your PHI in any way that is not covered by what is written here, we will explain these new actions to you and ask your written permission to use your PHI differently. If you need more information or have questions about the privacy practices described above, please speak to the privacy officer. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the privacy officer. You have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or our PHI privacy policies, please contact our privacy officer: **Matthew Mauriello** at **814-934-7960**.