Body Appreciation and Self-Kindness, LLC
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Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA) Notice

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

As a client of Body Appreciation and Self-Kindness, (BASK) LLC and regarding your health information, you have certain rights. Please **carefully read the following information** below which explains your rights and our responsibilities.

You have the following rights:

1. Obtain a **copy of your health and claims records** (when applicable). Please ask your therapist at BASK if you are interested in this. A copy or summary of your health and claims records will be provided within 30 days. There will be a reasonable fee associated with this cost.

2. To **ask us to correct health and claims records**. In many cases, we will say yes. BASK may say "no" and then provide in writing the reason for the decline.

3. **Request your BASK therapist for confidential communications**. For example, you may ask your therapist to contact you in a specific way (home or office phone) or sending mail to a different address. When safety is an issue, this request must be honored.

4. **You may ask your BASK therapist to limit what information is used or shared.** You can ask BASK to not share certain health information for treatment, payment, or our operations. If you pay for a service out of pocket in full, you can ask us not to share that information for the purpose of operations with your health insurer. We will say, "yes" unless it affects your care in a negative way or law requires it.

5. **You may obtain a list of all those entities with whom we have shared your information**. You can request a list of the times we've shared your information for 6 years prior to the date you ask, who we shared it with, and why. We will provide disclosures except for those that pertain to treatment, payment, and health care operations, and any that you asked us to make. We will provide accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

6. **Get a copy of this privacy notice**. You can ask for a paper notice, even if you agreed to an electronic copy. A paper copy will be provided promptly.

7. **Choose someone to act for you**. If you have a medical power of attorney or a legal guardian, that person can exercise your rights and make choices about your health. BASK will make sure that this person has the authority and can act for you before we take any action with them.

8. **File a complaint if you feel your rights are violated**

    a. You are encouraged to contact us at the information on page 1 if you have a complaint and believe that your rights are being violated.

    b. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www. Hhs.gov/ocr/privacy/hipaa/complaints/.

    c. BASK will not retaliate against you for filing a complaint.

For certain health information, you can tell us your choice about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions. In these cases, you have both the right and choice to tell us to share information with your family, close friends, or others involved in your care and/or share information in a disaster relief situation.

If you are unable to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Your personal information will never be marketed or sold.

How does BASK typically use or share health information?

We do so in the following ways:

1) **Help manage the healthcare treatment** that you receive-We can use your health information and share it with other professionals who will soon treat you or who are already treating you.

2) **Run our organization**-We can use and disclose your information to run our practice and contact you when necessary. For example, we may consult with another treatment provider to assist with your care.

3) **Bill for your health services**-BASK may disclose necessary health information to you so you can provide it to your insurance company to help you pay for your health services

How else can BASK use or share your health information?

We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
Preventing disease
Reporting suspected abuse, neglect, or domestic violence
Preventing or reducing a serious threat to anyone's health or safety

Do Research
BASK can use or share your information for health research. Any information shared would not include any identifying information.

Comply with the law
BASK will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director
With a valid court order, we can supply health information to a coroner, medical examiner, or funeral director when a person dies.

Address law enforcement and/legal requests
We can share your health information with law enforcement if there is an imminent safety threat, for health oversight agencies for activities authorized by law, and when there is a national security threat.

Respond to lawsuits/legal action.
We can use or share your health information in response to a court or administrative order or in response to a subpoena. The BASK provider will make attempts to obtain your consent. If formal complaints are made against us, we will share necessary health information.

Our responsibilities to you:

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, please see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice:
BASK can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

I have read and understand the privacy disclosures of Body Appreciation and Self-Kindness, LLC.

_____
Client Printed Name

_____ _____
Client Signature Date