

HIPAA Notice of Privacy Practices

Effective Date: 5/2/2021

Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have any questions about how your Protected Health Information (PHI) is used, please contact me at the address or number for HopScotch Clinical Services, LLC 8400 S. Kyrene Rd #225 Tempe, AZ 85284 Tel: 623-335-2007

. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

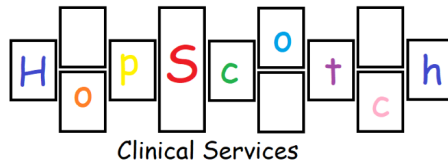
Law requires we maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). We must abide by the terms of this Notice, and we must notify you if a breach of your unsecured PHI occurs.

Except for the specific purposes set forth below, we will use and disclose your PHI only with your written authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving us written notice of your revocation. Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent.

We can use and disclose your PHI without your Authorization for the following reasons:

1. For your treatment. We can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional, to help coordinate your care, although my preference is for you to give me an Authorization to do so.
2. To obtain payment for your treatment. We can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you, although my preference is for you to give me an Authorization to do so
3. For health care operations. We can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, we may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws. Certain Uses and Disclosures Require Your Authorization.
4. Psychotherapy Notes. We do not keep “psychotherapy notes” as that term is defined in 45 CFR§ 164.501; rather, we keep a record of your treatment and you may request a copy of such record at any time, or you may request that we prepare a summary of your treatment. There may be reasonable, cost based fees involved with copying the record or preparing the summary.

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In addition, state law allows for disclosure to be reviewed on a case by case basis and therapist can determine times in which release of information may be deemed harmful to the patient.

5. Marketing Purposes. As a psychotherapist, we will **not** use or disclose your PHI for marketing purposes. Marketing is defined as receiving financial remuneration for communicating about other businesses' health-related services or products to patients.

6. Sale of PHI. As a psychotherapist, we will **not** sell your PHI in the regular course of my business. Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations mandated by law, we can use and disclose your PHI without your Authorization for the following reasons:

- a. 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.
- b. 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.
- c. For health oversight activities, including audits and investigations.
- d. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
- e. For law enforcement purposes, including reporting crimes occurring on my premises.
- f. To coroners or medical examiners, when such individuals are performing duties authorized by law.

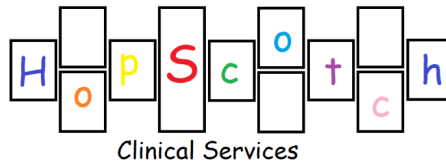
7. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.

8. 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 with me.

9. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that **you** indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

HopScotch Clinical Services, LLC



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 me not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations for a health care service that you have paid for out-of-pocket in full.
3. The Right to See and Get Copies of Your PHI. You have the right to get a paper copy of your treatment record and other information that we have about you. We will provide you with a copy or summary of your record, within 30 days of receiving your written request, and 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, or for which you provided me with an Authorization, we will respond within 60 days.
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 request that we correct the existing information or add the missing information.
7. The Right to Get a Paper Copy of this Notice.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think we may have violated your privacy rights, you may file a complaint with Laura Reyna, as the Privacy Officer for my practice. We will not retaliate against you if you file a complaint about my privacy practices. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201

HopScotch Clinical Services, LLC

623.335.2007 • www.HopScotchclinical.com • 8400 S. Kyrene Rd #225 • Tempe, AZ 85284