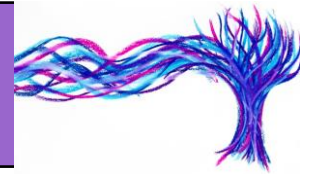


Anne Baker, MA, LMHC
61 Rowland St. Suite 211B
Ballston Spa, NY 12020
518-306-1072



Notice of Privacy Practices Effective May 13, 2024

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. All health professionals are required by state and federal law to keep medical records private. These laws also require that we provide you with a notice informing you of information privacy policies, your rights and our duties. We are required to abide by this notice until updated or replaced.

Any information disclosed during an intake, evaluation, or counseling session is considered Protected Health Information (PHI). Your information may be used for diagnosis, treatment, and continuity of care. By signing this notice you acknowledge that your information may be shared with your insurance company for billing and reimbursement purposes, and in the event of an audit. Verbal or written information cannot be shared with others without the express written consent of the client or client's legal guardian. This consent may be revoked in writing at any time.

Limits of Confidentiality

Duty to warn and protect: If a client reports a plan or intention to harm others, I am required to warn the intended victim, as well as to the proper authorities. If a client reports a plan or intent for suicide I am required to notify the proper authorities and take steps to ensure client safety. If client is a minor, parent/guardian will be informed and involved.

Abuse and neglect: If a client discloses that they are abusing a child or vulnerable adult, or has recently done so, or a child or vulnerable adult discloses that they have been the victim of abuse or neglect, I am required by law to report to appropriate social service and/or legal authorities. This includes inappropriate sexual relationships, and sexual assault.

Minor clients: Parents or legal guardians have the right to access a minor client's records. Certain information may be withheld due to the age of the client.

Other Uses and Disclosures:

- I will use your information to run my practice, improve your care and contact you when necessary.
- I will share information with other health professionals who are treating you, with a signed release.
- I will share information with your insurance company to bill for services and to prove medical necessity.
- Insurers may ask for the complete record for audit and quality assurance purposes.
- I am 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. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.
- I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal

privacy law.

- I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not sell your information or use it for marketing.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

Your Rights

- *Get an electronic or paper copy of your medical record* -You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.
- *Ask me to correct your medical record*-You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, but I’ll tell you why in writing within 60 days.
- *Request confidential communications* -You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.
- *Ask me to limit what I use or share*- You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or our operations with your health insurer. I will say “yes” unless a law requires me to share that information.
- *Get a list of those with whom I’ve shared information* - You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one
- within 12 months.
- *Get a copy of this privacy notice*-You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.
- *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 exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

- *File a complaint if you feel your rights are violated* -You can complain if you feel I have violated your rights by contacting me at 518-306-1072 or via email at anne@annebakerlmhc.com

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/. I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

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

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in our office, and on our web site.