

Weintraub Therapy PLLC
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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on November 22, 2024.

NOTICE OF PRIVACY PRACTICES

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

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. This Notice explains HIPAA and its application to your PHI in greater detail.

The law requires that I obtain your signature acknowledging that I have provided you with this. If you have any questions, it is your right and obligation to ask so I can have a further discussion prior to signing this document. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it.

MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by Weintraub Therapy PLLC. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be made available to you.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that Weintraub Therapy PLLC and your clinician uses and discloses health information. For each category of uses or disclosures, we will

explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

We may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you (ex: name, address, phone number).
- "Treatment" is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult another health care provider, such as your primary care physician or psychiatrist.
- "Payment" is when we obtain reimbursement for your healthcare.
- "Health Care Operations" are activities that relate to the performance and operation of Weintraub Therapy PLLC. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within [office, clinic, practice group, etc.], such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- "Disclosure" applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Weintraub Therapy PLLC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Weintraub Therapy PLLC is asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information.

We will also need to obtain an authorization before releasing your psychotherapy notes.

"Psychotherapy notes" are notes your clinician may have made about conversations had during a private, group, joint, or family counseling session, and will be kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Weintraub Therapy PLLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

- Psychotherapy Notes. I 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: For my use in treating you; for my use in defending myself in legal proceedings instituted by you; for use by the Secretary of Health and Human Services to investigate my compliance with HIPAA; required by law and the use or disclosure is limited to the requirements of such law; required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes; required by a coroner

who is performing duties authorized by law; required to help avert a serious threat to the health and safety of others.

- Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- Sale of PHI. As a psychotherapist, I 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 in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. 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.
2. 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. If your clinician has reason to suspect that a child, elder, or dependent adult is abused or neglected, we are required by law to report the matter immediately to the appropriate state Department of Social Services.
3. For health oversight activities, including audits and investigations. State licensing boards have the power, when necessary, to subpoena relevant records should a clinician at Weintraub Therapy PLLC be the focus of an inquiry.
4. 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. If you are involved in a court proceeding and a request is made for information about the professional services provided to you and/or the records thereof, such information is privileged under D.C. law, and Weintraub Therapy PLLC will not release information without the written authorization of you or your legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
8. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws. If you file a worker's compensation claim, we are required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
9. If a client threatens or attempts to harm themselves or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm, I may be required to take protective action. These actions could include notifying individuals who can protect the patient or seeking hospitalization for the client.

10. Serious threat to health or safety. If we have engaged in professional duties and you communicate a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however, the disclosures listed above are the most common.

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. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. The right to request restrictions for out-of-pocket expenses paid in full. You have the right to request restrictions on disclosures 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 I send PHI to you. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The right to see and get copies of your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
5. The right to get a list of the disclosures I have made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I 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 request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The right to get a paper or electronic copy of this notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And,

even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

8. The right to amend. You have the right to request an amendment (but not a deletion) from your record. We will document your request and may deny your request. On your request, we will discuss with you the details of the amendment process.
9. The right to choose someone to act for you. 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.
10. The right to release information with written consent. With your written consent, any part of your record can be released to any person or agency you designate. Together, we will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

In addition, as of the HIPAA Final Rule (enforceable as of September 23, 2013), patients' rights include:

1. The right to notification following a breach of unsecured PHI. You have the right to be notified following a breach of unsecured PHI
2. The right to written authorization for release of PHI for uses and disclosures not described in your Privacy Notice. You must sign an authorization before Weintraub Therapy PLLC can release your PHI for any uses and disclosures not described in this Privacy Notice unless the therapist has a legal obligation for the disclosure.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. Disclosures to family, friends, or others. I 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. The opportunity to consent may be obtained retroactively in emergency situations.

THERAPIST'S DUTIES

1. Weintraub Therapy PLLC clinicians are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
2. Weintraub Therapy PLLC clinicians reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
3. If Weintraub Therapy PLLC revises the policies and procedures, we will provide you with a copy upon request through email.

QUESTIONS AND COMPLAINTS

- If you have questions about this notice, disagree with a decision Weintraub Therapy PLLC has taken about access to your records, or have other concerns about your privacy rights, you may contact me at jenna@weintraubtherapy.com.
- If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to Jenna Weintraub, 1803 5th Street NW, Washington, DC 20001.

- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Your therapist can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

RESTRICTIONS AND CHANGES TO PRIVACY POLICY

Weintraub Therapy PLLC reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. Again, the Practice will provide you with a revised Notice either: (a) in person during the session that occurs subsequent to the revision being made; (b) or by mail at your designated mailing address.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.