

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.

If you have any questions about this Notice, please contact JamieLynn Gonzales, LCSW at 505-293-2881 directly.

As required by the Privacy Regulation created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health of 2009 (HITECH), and the Omnibus Rule of 2013, this Notice of Privacy Practices describes how Herndon Consulting, LLC dba BeMeBetter (BeMeBetter) may use and disclose, and how you may access and correct your medical information. This is based upon the Notice of Privacy Practices found at <http://www.hhs.gov/ocr/privacy/hipaa/modelnotices.html>

Protected health information (PHI) is information about you, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. PHI includes, but is not limited to, such information as your name, insurance ID number, social security number, date of birth, billing ID, dates of treatment, procedures performed, costs of treatment, your symptoms, medical history, lab tests, medication, diagnosis, prognosis, functional status, and treatment plan. BeMeBetter is required to abide by the terms of this Notice of Privacy Practices. BeMeBetter may change the terms of this notice at any time. The new notice will become effective for all protected health information that is maintained at that time. Upon your request, BeMeBetter will provide you with any revised Notice of Privacy Practices.

Your Rights

You have certain rights with respect to the use and disclosure of your PHI.

- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of your medical records contained in a designated record set for as long as BeMeBetter maintains the protected health information. A designated record set contains medical and billing records and any other records that BeMeBetter and the practice uses for making decisions about you. We will provide you a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be subject to review. In some circumstances, you may have a right to have this decision reviewed. Please contact JamieLynn directly if you have questions about access to your medical record.
- **You have the right to request that your protected health information be amended.** You may request that we correct health information about you that you think is incorrect or incomplete. We may deny your request if in our opinion the information is accurate and complete; (b) not part of the information kept by BeMeBetter; (c) not part of the client information which you would be permitted to inspect or copy, or (d) not created by BeMeBetter, unless the individual or entity that created the information is not available to amend the information.
- **You have the right to request a restriction of your protected health information.** This means you may ask BeMeBetter not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. BeMeBetter is not required to agree to a restriction that you may request. If BeMeBetter believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If BeMeBetter does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with JamieLynn. You may request a restriction by submitting the request in writing to JamieLynn Gonzales.
- **You have the right to restrict certain disclosures of protected health information to health plans and insurance companies if you pay fully out-of-pocket for your services with no involvement of a third-party payor.**
- **You have the right to request to receive confidential communications by alternative means or at an alternative location.** BeMeBetter will accommodate reasonable requests. This accommodation may also be conditioned by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to JamieLynn Gonzales directly.
- **You have the right to be notified of a breach of your unsecured protected health information.** Notifications would usually be sent to your last known address by standard mail or you would be contacted by telephone. You have a responsibility to keep BeMeBetter apprised of any changes in your address and contact information.
- **You have the right to receive an accounting of certain disclosures BeMeBetter has made, if any, of your protected health information.** You may ask for an accounting of the times we've shared your information for six years prior to the date you ask. This will include who we shared it with and why, except for disclosures about treatment, payment, and health care operations, and certain other disclosures (such as any you have requested). We'll provide one accounting per year at no cost, but will charge a reasonable, cost-based fee for any additional requests within 12 months.

- **You have the right to obtain a paper copy of this notice**, upon request, even if you have agreed to accept this notice electronically.
- **You have the right to file a complaint if you feel that your rights have been violated**. If you feel your rights have been violated, you may file a complaint by sending a letter to: U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W., Washington D.C. 20201. You can also call them at 1-877-696-6775 or visit them at www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint
- **Adolescents**. If you are an adolescent between the ages of 14 and 18, the same general rules apply as those for adults. Disclosure of information about you to your school or other professionals will generally be done only with your written consent as well as that of your parent(s). However, information may be disclosed about you to your parents without your consent, if, in the opinion of your mental health professional, the disclosure is deemed to be in your best interest.

In certain circumstances or for certain information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations below, let us know. We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide regarding the use and disclosure of your health information may be revoked at any time in writing.

- In these cases, you have the right and the choice to tell us to:
 - o Share information with your family, close friends, or others involved in your care, to establish your location, general condition or death.
 - o Share information in a disaster relief situation
 - o Disclose your information if attempts to obtain consent from you have failed due to substantial communication barriers (such as the inability to speak) and a determination has been made, using professional judgement, that you would intend to consent to use or disclosure under the circumstances
 - o Include your information in a hospital directory; however, BeMeBetter does not keep a hospital directory
 - o Contact you for fundraising efforts; however, BeMeBetter does not fundraise
 - o Use or disclose for marketing purposes or sale. BeMeBetter does not currently engage in any such practices.

Uses and Disclosures of Protected Health Information

You will be asked to sign a consent form at your first appointment. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, BeMeBetter will use or disclose your protected health information as described herein. Your protected health information may be used and disclosed by BeMeBetter, office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practice. Following are examples of the types of uses and disclosures of your protected health care information that BeMeBetter's office is permitted to make once you have signed the consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by BeMeBetter's office once you have provided consent.

- **Treatment**: We may use your information and share it with other BeMeBetter professionals who are treating you, to communicate with other health professionals concerning your care with your explicit consent. We may also use it to plan your care and treatment, to reach a diagnosis, and to document services for payment and reimbursement. Your specific permission and written authorization will always be requested before psychotherapy notes are released to another party, and you have the right to refuse to authorize the voluntary release of such information unless it is otherwise required by law.
- **Payment**: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for past or continued psychotherapy visits may require that your relevant protected health information be disclosed to the health plan to obtain approval for the payment of services.
- **Healthcare Operations**: Your protected health information may be disclosed as necessary to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee or subcontractor review activities, licensing, and compliance with insurance or governmental inspections. You may be called by name in the waiting room at your appointment time. Your name and telephone number may be disclosed, as necessary, to contact you to remind you of your appointment or to cancel or reschedule an appointment. Your protected health information may be shared with third party business associates that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between BeMeBetter's office and a business associate involves the use or disclosure of your protected health information, the written contract with the business associate will contain terms that require the protection of the privacy of your protected health information.

***Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent,
Authorization or Opportunity to Object***

We may use or disclose your health information in the following situations without your consent or authorization. For more information on these situations, visit: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>. These situations include:

- **Public Health and Safety Issues.** We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety. We are a mandated reporter, which means we are required by law to report child/elder abuse or child/elder neglect to public health authorities
- **Research:** We can use or share your information for health research. However, BeMeBetter does not participate in research at this time.
- **Emergencies:** Your protected health information may be disclosed in an emergency situation. If BeMeBetter is required by law to treat you and has attempted to obtain your consent but is unable to obtain your consent, we may still use or disclose your protected health information to treat you. In an emergency, BeMeBetter may disclose a minimum amount of protected health information necessary to a hospital, emergency response personnel, physicians, relatives, a treatment guardian or another person, as it relates to that person's direct involvement in providing your care or to establish your location, general condition, or death. Such information may be disclosed only as necessary if BeMeBetter determines that it is in your best interest based on your therapist's professional judgment.
- **As Required By Law:** BeMeBetter may use or disclose your health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. Examples of legally required disclosures include the disclosure of protected health information in the process of civil commitment hearings, competency hearings, or other court-ordered evaluations, and in the identification of a deceased person or investigation of a death by a coroner. This may also include situations involving workers compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services. We may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- **Legal Proceedings:** BeMeBetter may disclose protected health information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Inmates:** BeMeBetter may use or disclose your protected health information if you are an inmate of a correctional facility and BeMeBetter created or received your protected health information in the course of providing care to you.

This notice of Privacy Practices applies to the following organizations.

My Clients Plus, LLC	2810 W. Clearwater Ave, Suite 104 Kennewick, WA, 99336	1-877-820-4153
TherapyNotes, LLC	630 Fitzwatertown Rd, Suite A4 Willow Grove, PA, 19090	215-658-4550
Square, Inc.	1455 Market St. Suite 600 San Francisco, CA, 94103	
Amy Pearson, Biller	208 7 th Ave. S. Safety Harbor, FL, 34695	336-414-8308

Privacy Policies

Along with keeping information in writing, we may also keep information on our computers, on computer disks, and on other electronic devices. We protect the privacy of your health information by:

- Abiding by the stipulations regarding confidentiality as contained in the **Confidentiality** applicable licensure laws governing the license(s) of my mental health professionals and those of such professional organizations as the American Psychological Association and the American Counseling Association.
- Keeping all **physical records** in locked facilities and in locked file cabinets.
- Keeping all **electronic records** on secured and encrypted computers with an active passphrase or on a secured cell phone with a remote disable option and minimum 10-character passphrase.
- **Destroy all records** confidentially ten years after the date of discharge or the date of the last therapy session, whichever is later, per New Mexico ethics regulations and CMS Medicaid regulations.
- **Text messages** are destroyed within 24 hours of receipt and are only used for scheduling purposes.
- All **email** communications containing your private health information is encrypted through Hushmail services.
- **In case of the death of a client.** When a client dies, the next of kin takes over that released client's confidentiality rights. If records are requested by the next of kin, documentation proving that they are next of kin will be required prior to records being released.

HIPAA-ACKNOWLEDGEMENT OF RECEIPT
Notice of Privacy Practices

Client Name: _____

Client DOB: ____/____/____

We, at Herndon Consulting, LLC., dba BeMeBetter, are required by law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with JamieLynn Gonzales in person or by phone at 505-293-2881.

I hereby acknowledge that I have reviewed and received a copy of the HIPAA Notice of Privacy Practice document.

Signature of client or client's representative/parent

____/____/____

Date

Relationship to client