

C. Maxwell Gale, Psy.D.
Licensed Clinical Psychologist

GALE & ASSOCIATES, PLLC.
2760 W. Rasmussen Rd., Bldg. D, Suite 210 • Park City, Utah • 84098 • 435-645-9237

HIPAA Notice of Privacy Practices

Please review this information carefully to fully understand how medical information about you may be used and disclosed and your own personal access to this information.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. GALE & ASSOCIATES, PLLC PLEDGE REGARDING HEALTH INFORMATION:

Gale & Associates, PLLC, its providers, staff, and contractors understand that the health and mental health information of individual consumers is personal. We are committed to protecting consumer health information. We create a record of the care and services provided through Gale & Associates, PLLC. This record helps us to provide consumers with quality care and to comply with certain legal requirements. This notice applies to all consumer records of care generated by Gale & Associates, PLLC. This notice provides information regarding ways in which we may use and disclose health information about consumers, as well as describing consumer rights to the health information documented through Gale & Associates, PLLC. Additional obligations regarding the use and disclosure of consumer health information by Gale & Associates, PLLC is also explained. Gale & Associates, PLLC is required by law to:

- Make sure that protected health information (PHI) that identifies individual consumers is kept private.
- Provide this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

The terms of this notice are subject to change, and such changes will apply to all past and future documentation/records. New information will be updated (for current consumers) or available upon request, in our office, and on our website consumers who are no longer actively participating in treatment through Gale & Associates, PLLC. GALE & ASSOCIATES, PLLC

USE AND DISCLOSE OF HEALTH INFORMATION: Gale & Associates, PLLC may use and disclose health information under the following circumstances:

- For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the consumer to use or disclose the consumer's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. PHI may also be disclosed without written authorization for the purpose of accurately diagnosing and treating individual consumers.
- Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" may include the coordination and management of health care providers with a third party, and consultations between health care providers and referrals of a consumer for health care from one health care provider to another.
- Lawsuits and Disputes: Gale & Associates, PLLC may disclose health information in response to a court or administrative order. We may also disclose health information of a minor child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, provided efforts have been made to inform the consumer about the request or to obtain an order protecting the information requested.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION: Psychotherapy Notes. Providers, staff and contractors of Gale & Associates, PLLC keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization. Gale & Associates, PLLC will not use or disclose consumer PHI for marketing purposes. Likewise, it is against the policy of Gale & Associates, PLLC to sell or reveal your PHI in the under any circumstances. Gale & Associates, PLLC will require a signed authorization for clients over the age of 18 in order for family members to have access to your records, treatment, scheduling, billing, and phone or other communication regarding your care and treatment. Communication with family members will be in your presence unless determined that there is a threat to yours or another person’s well-being, or unless you are physically unable to communicate.

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:

- 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.
- 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.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order. (It is the preference of Gale & Associates, PLLC to obtain prior Authorization from individual consumers.)
- For law enforcement purposes, including reporting crimes occurring on the property of Gale & Associates, PLLC.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers’ compensation purposes in order to comply with worker’s compensation laws. (It is the preference of Gale & Associates, PLLC to obtain prior Authorization from individual consumers.)
- Gale & Associates, PLLC may use and disclose your PHI to contact you to remind you of upcoming appointments, or for the purposes of billing and receiving payment from third party payors for services.

CONSUMER OPPORTUNITY TO OBJECT: Consumers of Gale & Associates, PLLC services may object in whole or in part to disclosure of PHI to a family member, friend, or other person identified as being involved in the consumer’s care or payment for care. In emergency situations, the opportunity to object may be limited based on provider’s clinical judgement. Under emergency situations, the opportunity to consent may be obtained retroactively.

CONSUMER RIGHTS REGARDING PHI: Consumers have the right to request limits on uses and disclosures of PHI for treatment, payment or health care operations purposes. Gale & Associates, PLLC, it’s providers, staff, and contractors retain the right to make an individual determination if it is believed that limiting the release of information as requested by the consumer may affect health care. Consumers have the right to request restrictions on disclosure of PHI by Gale & Associates, PLLC to health/insurance plans for out-of-pocket expenses paid for in full by the consumer. Consumers have the right to limit the means used to send PHI to a consumer or third party identified by the consumer. Requests by consumers to be contacted in a specific way (for example, home or office phone) or requesting mail be sent to a different address will be accommodated unless otherwise noted or agreed on in communication with the consumer. Consumers have the right to see and obtain copies of their PHI,

provided necessary acknowledgement/release forms are signed. It may take up to 30 days for Gale & Associates, PLLC to provide requested information and/or summary. Fees for retrieval, printing, and sending records may apply. Consumers have the right to obtain a list of the Disclosures/Authorizations in which Gale & Associates, PLLC, it's providers, staff, or contractors have disclosed consumer PHI for purposes other than treatment, payment, or health care operations. It may take 30-60 days following receipt of a request for an accounting of disclosures for Gale & Associates, PLLC to respond. This will include all disclosures made by the consumer within the past six years unless otherwise specified. Gale & Associates, PLLC fees for review of disclosures and providing an accounting of disclosures may apply. Consumers have the right to correct or update PHI. In the event that a consumer believes that there is a mistake in their PHI, or that a piece of important information is missing from their PHI, they have the right to request a correction or addition of existing information. If the request is declined by Gale & Associates, PLLC, it's providers, staff, or contractors, written documentation declining the correction or update will be provided in writing within 60 days. Consumers have the right to obtain either 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, or both.

EFFECTIVE DATE OF THIS NOTICE This notice is effective February 1, 2017

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), consumers have certain rights regarding the use and disclosure of your protected health information, as described above.

By checking the box below, you are acknowledging that you have received or printed/saved a copy of HIPAA Notice of Privacy Practices. ____ (Initials) ____ (Initials)

I acknowledge that I read and understand the four page document: HIPAA Notice of Privacy Practices.

Client

Date

Client

Date