



SUN RIDGE PSYCHOTHERAPY CLINIC NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. REVIEW IT CAREFULLY.

Sun Ridge Psychotherapy Clinic (Sun Ridge) is required by law to maintain the privacy of your health information. Sun Ridge is also required to give you this Notice about privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). Sun Ridge will follow the privacy practices that are described in this Notice. If the Notice is amended, Sun Ridge will provide you with the amended Notice for your information and signature. For more information about privacy practices or for additional copies of this Notice, please contact Melissa J. Jones, PhD, LCSW, with your questions at mjones@sunridgetherapy.com.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures Without My Written Authorization. Sun Ridge may use and disclose your PHI without your written authorization for certain purposes described below. The examples provided in each category are not meant to be exhaustive but rather to describe the types of uses and disclosures of mental health information that are legally permissible.

1. **Treatment:** Sun Ridge may use and disclose your PHI to other clinicians involved in your care to provide integrated treatment. For example, Sun Ridge may discuss your diagnosis and treatment plan with your psychiatrist or nurse practitioner or disclose your PHI to other health care providers to provide you with appropriate care and continued treatment.
2. **Payment:** Sun Ridge may use or disclose your PHI to determine coverage, billing, claims management, and reimbursement. For example, a bill sent to your health insurer may include sufficient information about sessions or treatment so the insurer will pay for the treatment. Sun Ridge may also inform your health plan about a treatment you are going to receive to determine whether the plan will cover it.
3. **Health Care Operations:** Sun Ridge may use and disclose your PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing, or credentialing activities. For example, Sun Ridge may disclose disguised information about our work for training purposes.



4. **Required or Permitted by Law:** Sun Ridge may use or disclose your PHI when required or permitted to do so by law. For example, Sun Ridge may disclose your PHI to appropriate authorities if it is reasonably believed that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. Sun Ridge may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities, including disclosures to state or federal agencies authorized to access your PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures for workers' compensation claims, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.

B. Permissible Uses and Disclosures That May be Made Without My Authorization, But I Will Be Given the Opportunity to Object or Decline

1. **Family and Other Persons Involved in Your Care.** Sun Ridge may use or disclose your PHI to notify or assist in notifying (including identifying or locating) your personal representative or another person responsible for your care, location, general condition, or death. If you are present, Sun Ridge will provide you with an opportunity to object prior to such uses or disclosures. In the event of your incapacity or emergency circumstances, Sun Ridge will disclose your PHI consistent with your prior expressed preference, and in your best interest as determined by the professional judgment of those involved. Your therapist will use professional judgment and experience to make reasonable inferences of your best interest in allowing another person access to your PHI regarding your treatment.
2. **Disaster Relief Efforts.** Sun Ridge may use or disclose your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.
3. **Fundraising.** Sun Ridge may use your PHI to contact you to offer new services. Sun Ridge may also disclose PHI to any foundation with which it is connected so that the foundation may contact you to raise money for its operations. Any fundraising communications with you will include a description of how you may opt out of receiving any further communications.



C. Uses and Disclosures Requiring Your Written Authorization.

1. **Psychotherapy Notes.** Sun Ridge will not disclose psychotherapy notes held outside your medical record except as required or permitted by law.
2. **Marketing Communications; Sale of PHI.** Sun Ridge must obtain your written authorization prior to using or disclosing your PHI for marketing or the sale of your PHI, consistent with the related definitions and exceptions set forth in HIPAA.
3. **Other Uses and Disclosures.** Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before Sun Ridge can send your PHI to your life insurance company or to your attorney. You may revoke any such authorization at any time by providing a written notification of such revocation.

II. YOUR INDIVIDUAL RIGHTS

- A. **Right to Inspect and Copy.** You may request access to your medical and billing records maintained by Sun Ridge to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, Sun Ridge may deny access to your records. Sun Ridge may charge a fee for the costs of copying and sending you any records requested.
- B. **Right to Alternative Communications.** You may request, and Sun Ridge will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.
- C. **Right to Request Restrictions.** You have the right to request a restriction on your PHI that Sun Ridge uses or discloses for treatment, payment, or health care operations. You must request any such restriction in writing addressed to Sun Ridge Psychotherapy Clinic. Sun Ridge is not required to agree to any such restriction you may request, except if your request is to restrict disclosing your PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.
- D. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of disclosures of your PHI made by Sun Ridge on your behalf or at your request, subject to certain restrictions and limitations.



- E. Right to Request Amendment.** You have the right to request that Sun Ridge amend your PHI. our request must be in writing and should clearly explain why the information should be amended. Sun Ridge has the right to deny your request under certain circumstances.
- F. Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request at any time. NOTE: You may download a copy of this Notice at any time from the Home Page of the Sun Ridge Psychotherapy Clinic website.
- G. Right to Receive Notification of a Breach.** Sun Ridge is required to notify you if there is a breach of your unsecured PHI, according to requirements under federal law.
- H. Questions and Complaints.** If you desire further information about your privacy rights or are concerned that your rights have been violated, please contact mjones@sunridgetherapy.com. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. There will be no retaliation against you if you file a complaint.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. Effective Date.** This Notice is effective on April 1, 2024.
- B. Changes to this Notice.** Sun Ridge may change the terms of this Notice at any time. A change to this Notice may make the new notice terms effective for all PHI that Sun Ridge maintains, including any information created or received prior to issuing the new notice. If Sun Ridge changes this Notice, the new one will be posted on the Sun Ridge Psychotherapy Clinic website. You may also obtain any revised notice by asking your therapist directly.



**SUN RIDGE PSYCHOTHERAPY CLINIC
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

By signing below, I acknowledge that I received a copy of the Sun Ridge Psychotherapy Clinic Notice of Privacy Practices on this date. This form will be retained in my medical record.

Printed Name of Client

Signature of Client

Date

Signature and License of Therapist

Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

I attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

1. Individual refused to sign.
2. Communications barriers prohibited obtaining the acknowledgment.
3. An emergency situation occurred that prevented obtaining acknowledgment.
4. Other (please describe): _____

Signature and License of Therapist

Date