

## **Notice of Privacy Practices and Policies**

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 notice went into effect on September 22, 2023

### **I. MERAKI HEALTHCARE'S PLEDGE REGARDING HEALTH INFORMATION:**

Meraki Healthcare understands that your health information is personal. We are committed to protecting your health information. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you 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.
- Meraki Healthcare can change the terms of this notice, and such changes will apply to all information we have about you. The new notice will be available upon request, in office, and on Meraki Healthcare's website.

### **II. HOW MERAKI HEALTHCARE MAY USE AND DISCLOSE HEALTH**

**INFORMATION ABOUT YOU:** The following categories describe different ways that Meraki Healthcare can use and disclose health information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. For treatment, payment, or health care operations: Federal privacy regulations allow health care providers who have direct treatment relationships with the patient/client to use or disclose the patient's/client's personal health information without the patient's written authorization to carry out the health care provider's own treatment or for payment or health care operations. Meraki Healthcare may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, If a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.
2. 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” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

3. For lawsuits or disputes: If you are involved in a lawsuit, Meraki Healthcare may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

1. Psychotherapy Notes: Meraki Healthcare keeps “psychotherapy notes” as the 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:
  - A. For Meraki Healthcare’s use in treating you.
  - B. For Meraki Healthcare’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - C. For Meraki Healthcare’s use in defending itself in legal proceedings instituted by you.
  - D. For use by the Secretary of Health and Human Services to investigate Meraki Healthcare’s compliance with HIPAA.
  - E. Required by law and the use or disclosure is limited to the requirements of such law.
  - F. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - G. Required by the coroner who is performing duties authorized by law.
  - H. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes: As a mental health facility, Meraki Healthcare will not use or disclose your PHI for marketing purposes.
3. Sale of PHI: As a mental health facility, Meraki Healthcare will not sell your PHI in the regular course of business.

### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR**

**AUTHORIZATION:** Subject to certain limitations in the law, Meraki Healthcare 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.
3. For health oversight activities, including audits and investigations.



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.
5. For law enforcement purposes, including reporting crimes occurring on Meraki Healthcare's premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.
8. Specialized government functions include 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.
9. For workers compensation purposes.
10. Appointment reminders and health related benefits or services. Meraki Healthcare may use and disclose your PHI to contact you to remind you of upcoming appointments. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

**V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE**

**OPPORTUNITY TO OBJECT:** Disclosures to family, friends, or others. Meraki Healthcare 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.

**VI. 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 Meraki Healthcare not to use or disclose certain PHI for treatment, payment, or health care operation purposes. We are not required to agree to your request, affecting your health care.
2. The right to request restrictions for out-of-pocket expenses paid for 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 health care service that you have paid for out-of-pocket in full.
3. The right to choose how Meraki Healthcare sends PHI to you. You have the right to ask me to contact you in a specific way.
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 Meraki Healthcare has about you. We 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 we may charge a reasonable cost based fee for doing so.
5. The right to get a list of the disclosures Meraki Healthcare has made. You have the right to request a list of instances in which we have disclosed your PHI for



purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based charge on 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 Meraki Healthcare correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The right to receive a paper or electronic copy of this notice. You have the right to get a paper copy of this notice or request an electronic copy be sent via email.

**VII. ELECTRONIC COMMUNICATION:**Meraki Healthcare cannot ensure the confidentiality of any form of communication through electronic media, including text messages and email. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we will try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. If you have an urgent medical emergency situation you should not rely solely on email and/or text with our organization for purposes of requesting assistance or to describe the urgent or emergency situation.

Text messages on your phone, computer, laptop, or other electronic medium or device have numerous privacy risks, particularly when your device is not password protected. If an email is not sent with secured technologies, such as encryption, the email (specifically, all of its contents) can be easily compromised in today's cyber world. Once sent, an email message cannot be recalled or canceled. Errors in transmission, regardless of the sender's caution, can occur. You can also help minimize this risk by using only the email address or phone number that you provide to our practice/program/provider.

In order to forward or to process and respond to your email and text, personnel at Meraki Healthcare (other than your health care provider) may read your email message. Your email and text message is not private communication between you and your treating provider. At your health care provider's discretion, your email and/or text message and any and all responses to them may become part of your medical record.

You can opt in to electronic communications by signing the appropriate line on our intake packet. This is valid for one year unless a written revocation is signed and dated. You can opt out at any time by submitting a brief written revocation with your signature and date. If you do not ever opt in to electronic communication it is not necessary to sign a revocation.

If you and your therapist choose to use telehealth technology for some or all of your treatment, you need to understand that:



1. You retain the option to withhold or withdraw consent to telehealth at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telehealth consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without your consent.

**VIII. FILING A COMPLAINT:** If you believe Meraki Healthcare has violated your health information privacy rights, you can file a formal complaint. You can find a form to file a privacy complaint with the Idaho Department of Health and Welfare in PDF format on their website or at a local department office. The form is available under the “Privacy and Confidentiality” section. You can also file a HIPAA complaint with the Office for Civil Rights (OCR). To file a complaint:

1. Write your complaint by mail, fax, email, or through the OCR Complaint Portal
2. Include your name, address, phone number, email address, and signature
3. Name the entity involved and describe the acts or omissions you believe violated the Privacy, Security, or Breach Notification Rules
4. File your complaint within 180 days of when you became aware of the violation
5. Include any other relevant information
6. If you are filing a complaint on behalf of someone else, you should also include their name. OCR may extend the 180-day deadline if you can show “good cause”.
7. After a complaint is filed, the review will determine if there is a potential HIPAA violation. If no violation is found, you will receive an explanation. If a minor violation is found, Meraki Healthcare will take steps to address it.