

Sarah Hart Wills, LICSW
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 question about this Notice please contact:

Sarah Hart Wills, LICSW
20 Main Street, Keene NH 03431
(603) 357-3400

This Notice of Privacy Practices describes how I may use and disclose your protected health information to carry out treatment, payment and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information," or PHI, is information kept by Sarah Hart Wills, LICSW about your mental health condition and the services you receive. If you are the parent or guardian of a minor child in treatment, all of the information in this notice pertains to PHI regarding that child. Sarah Hart Wills must abide by the terms of this notice. She may change the terms of this notice at any time. Any new notice will be effective for all PHI that she maintains at that time. Upon your request, Sarah Hart Wills, LICSW will provide you with any revised Notice of Privacy Practices of you may see it on her website at www.BranchOutAndGrow.com.

Permitted Uses and Disclosures of Protected Health Information:

In most instances when Sarah needs to share PHI with a third party, she will seek your written permission. There are times when Sarah is permitted or required by law to use and disclose your health information without specific consent from you, as described in each category listed below. For each category, Sarah will explain what she means in general and give you an example of what might happen.

Treatment: Sarah will share information with a third party that has already obtained your permission to have access to your PHI. In addition, she may disclose your health information from time-to-time to a specialist, pharmacy, laboratory, or other provider who is assisting her in your care.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may require before it will pay for the services Sarah recommends for you. For example, obtaining approval for a hospital stay may require that PHI about your mental health condition be disclosed to your health plan to obtain approval for the hospital admission.

Healthcare Operations: Sarah may call you by name in the waiting room when she is ready to see you. She may disclose your PHI, as necessary, to contact you to remind you of your appointment. Sarah has written agreements with a computer consultant, accountant, and legal representative that will protect the privacy of your mental health information. Sarah may use some of your personal information to send you surveys to ask your opinions about the quality of her services. If you do not want to receive surveys, ask that they not be sent to you.

Other Permitted & Required Uses & Disclosures That May Be Made Without Your Consent or Authorization

As Required By Law: Sarah may disclose your mental health information if she is required to do so by law. The use or disclosure will be limited to that information which is required to comply with the law. You will be notified, as required by law, of any such disclosure.

Your family or other persons with whom you live: Sarah may disclose information to a family member or other person you live with or who provides you with direct care, as it relates to that person's involvement in your care.

Emergencies: Sarah may disclose your health information to public safety or medical personnel in a medical emergency or to an authorized public or private entity to assist in disaster relief efforts and to coordinate disclosures to family or other individuals involved in your care.

Public Health: Sarah may disclose your health information to a public health authority for the purposes of controlling disease.

Communicable Diseases: Sarah may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: Sarah may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: Sarah may disclose your health information to the authority that is authorized by law to receive reports of child abuse or neglect or audit abuse or neglect consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: Sarah may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems.

Legal Proceedings: Sarah may disclose health information in the course of any judicial or administrative proceeding, in response to a court order, or other lawful process.

Law Enforcement: Sarah may disclose health information to law enforcement officials as required by law. This may include, for example, information pertaining to victims of a crime, certain types of injuries or activities, or if a crime occurs on office premises.

Coroners/Medical Examiner: Sarah may disclose protected health information to a Medical Examiner in determining the cause or manner of death.

Criminal Activity: As required or permitted by law, Sarah may disclose your health information to law enforcement in connection with a serious threat of violence, substantial damage to real property, drug seeking activity, gunshot wounds and other criminal conduct.

Military Activity and National Security: When the appropriate conditions apply, Sarah may use or disclose health information of individuals who are in the Armed Forces, veterans or members of foreign military services. Sarah may also disclose your information to authorized federal officials conducting national security and intelligence activities, including for the provision of protective services to the President.

Workers' Compensation: Your PHI may be disclosed if you apply for workers' compensation benefits.

Inmates: Sarah may use or disclose your protected health information if you are an inmate or a correctional facility as required and permitted by law.

Other uses & disclosures of your health information will be made only with your written authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. You may ask to see or to obtain a copy of your health information that is included in certain records that Sarah maintains. Sarah may deny your request in certain limited circumstances. If you request copies, Sarah may charge you to copy and mail the record.

You have the right to request a restriction of your protected health information. This means you may ask Sarah not to use or disclose your health information in the ways that she normally does. While Sarah will consider all such requests, she is not required to agree to a requested restriction. With this in mind, please discuss any restriction you wish to request with your provider.

You have the right to request special communication. You may ask to receive communications of confidential information from Sarah in a certain way. For example, you can ask that she only contact you at work, or by mail. While Sarah will consider all such requests, she is not required to agree to a requested restriction.

You may ask to amend your protected health information. This mean you may request that Sarah add information to your medical record if you feel the information she has about you is wrong or not complete. If she denies your request, you have the right to appeal that decision.

You have the right to receive an accounting of certain disclosures Sarah has made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. The right to receive this information is subject to certain exceptions, restrictions, and limitations. You are entitled to get this list for free once in a 12 month period. For additional lists, you will be charged.

You have the right to obtain a paper copy of this notice from Sarah, upon request.

Questions and Complaints

You may ask questions or complain to Sarah or to the Secretary of Health and Human Services if you believe Sarah has violated your privacy rights. She will not take action against you for filing a complaint. Please contact Sarah Hart Wills, LICSW at 357-3400 or by mail at 20 Main Street Suite 2, Keene, NH 03431 for further information about the complaint process.