



## NOTICE OF PRIVACY & HIPAA PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL & PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, WHO HAS ACCESS TO YOUR INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### HOW I MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

***For treatment:***

- To provide, coordinate or manage your health care and therapeutic services by Yadi Puente, MA, LPC.
- I may refer you to another health care provider and as part of the referral, share medical information about you to that provider.

***For payment:***

- So I can be paid for services provided to you, which can include billing you, your insurance company or a third party payor.

***How I will contact you:***

- Unless you tell me otherwise in writing, I may contact you by either telephone, text, email or by mail at either your home or your workplace. At either location I may leave messages for you on voicemail.

***Treatment Alternatives, Health Related Benefits and Services:***

- Your protected health information may be used to provide you with information about other health-related benefits or services that may be of interest to you and/or information regarding treatment alternatives.

***Choose someone to act for you***

- *If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before we take any action.*

***Marketing:***

- Your protected health information will not be used to solicit Sprouting 4 Life, unless with given written permission to do so. All PHI associated with the art will be changed to protect your identity. For example; showing your artwork at an art therapy exhibition to raise community awareness. Otherwise, I will not market or sell your personal information to any entity.

### OTHER USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

***Required By Law:***

- Your protected health information may be disclosed when the use or disclosure is required by law.

**Public Health Activities:**

- Your protected health information may be disclosed for public health activities. For example, your protected health information may be disclosed to prevent or control disease, injury or disability; report child abuse or neglect; notify a person regarding potential exposure to a communicable disease; notify an appropriate government agency about the abuse or neglect of an adult individual (including domestic violence); or to the Federal Food and Drug Administration (FDA) to report adverse events with medications, track regulated products, report product recalls, defects or replacements.

**Abuse, Neglect, and Domestic Violence:**

- If I reasonably believe you are a victim of abuse, neglect or domestic violence, to the extent the law requires, protected health information about you may be disclosed to an agency authorized by law to receive such reports.

**Health Oversight Activities:**

- Your protected health information may be disclosed to a health oversight agency to perform oversight activities authorized by law or for appropriate oversight of the health care system; for example audits, investigations, inspections and licensure activities.

**Judicial and Administrative Proceedings:**

- I may disclose your protected health information in the course of any judicial or administrative proceeding. For example, I may disclose your protected health information in response to a court or administrative order, or in response to a discovery request, subpoena or other lawful process.

**Law Enforcement:**

- Your protected health information may be disclosed to report certain types of wounds or other physical injuries; a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person; provide certain information about the victim of a crime; about a death due to criminal conduct; about criminal conduct at this location, and in emergency circumstances, to report a crime, a location of a crime, to identify the victim of a crime, or the identity description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:**

- Your protected health information may be disclosed to an organization to facilitate the duties of coroners, medical examiners and funeral directors.

**Organ and Tissue Donation:**

- Your protected health information may be disclosed to an organization to facilitate organ or tissue donation and transplantation.

**Research:**

- Your protected health information may be disclosed to a researcher if an institutional review board has reviewed and approved a researcher's proposal and has established protocols to ensure the privacy of your health information.

**To Avert A Serious Threat To Health Or Safety:**

- Your protected health information may be disclosed to reduce or prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, to prevent or control disease; maintain vital records, report child abuse or neglect; report reactions to medications or problems with products; notify a person regarding potential exposure to a communicable disease; notify people of recalls of products they may be using; in response to a warrant, summons, court order, subpoena or similar legal process; identify/

locate a suspect, material witness, fugitive or missing person; or in an emergency to report a crime or the description, identity or location of the perpetrator.

***Military and Veterans:***

- Your protected health information may be disclosed to an appropriate military command authority to assure proper execution of a military mission if you are a member of the armed forces.

***National Security and Intelligence Activities:***

- Your protected health information may be disclosed to federal officials for intelligence and national security activities authorized by law; to protect the President, other officials or foreign heads of state; or to conduct an investigation.

***Inmates:***

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, your protected health information may be disclosed to the correctional institution or a law enforcement official as necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

***Workers' Compensation:***

- Your protected health information may be disclosed for workers' compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.

**YOUR RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU**

***Right to request restrictions:***

- You have the right to request that I restrict the uses or disclosures I make:
  - To carry out treatment, payment, or health care operations.
  - To a family member, other relative, a close personal friend or any other person identified by you or for to public or private entities for disaster relief efforts.
  - For disaster relief. I may disclose your protected health information to a public or private entity authorized by law to assist in disaster relief efforts for the purpose of notifying or assisting in notifying a family member, a personal representative or another person of your location and general condition.
- To request a restriction you may do so at any time in writing to me (privacy officer). Please include what information you want to limit, or disclosure, or both and to whom you want the limits to apply to.

***Right to receive confidential communications:***

- You have the right to request that I communicate medical information about you to you in a certain way or at a certain location. If you want to request confidential communication you must do so in writing, to me (privacy officer) and I will comply. I may also require an alternate address or another method to contact you if the information I have is outdated.
- You have the right to decline the use of insurance. If you chose to elect self payment and bypass your insurance benefit provider, you may do so.

***Right to inspect and copy:***

- You have the right to inspect and obtain a copy of medical information about you. To inspect or copy medical information about you, you must do so in writing, to me (privacy officer).
- Your request needs to state what you want to inspect or copy, specifically. I may charge a fee for the cost of copying and if you ask that it be mailed to you, the cost of mailing will be

included. I will respond within 15 calendar days within receipt of your request. I may deny your request if the medical information is information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. If I deny your request I will inform you the basis for the denial.

***Right to Amend:***

- You have the right to ask me to amend medical information about you, for as long as the medical information is maintained by me. To request an amendment, you must do so in writing, to me (privacy officer).
- Your request must state the amendment desired and provide a reason in support of the amendment. I will respond within 15 calendar days of receiving your request. I may deny your request if the information or record what you want amended was not created by me; is not part of the medical information kept by me; is not part of the information which you would be permitted to inspect or copy; or if the information is accurate and complete.

***Right to an accounting of disclosures:***

- You have the right to receive an accounting of disclosures of medical information about you, other than disclosures: i.) for treatment, payment or operational activities, ii.) to you or as authorized by you; iii.) for the patient directory or to persons involved in your care or treatment; iv.) for national security or intelligence activities; v.) to correctional institutions or law enforcement officials; or vi.) incident to a disclosure I am required to make. The accounting may be for up to 6 years prior to the date on which you request the accounting but not before January 1, 2015. To request an accounting of disclosures, you must do so in writing, to me (privacy officer).
- I will respond within 15 calendar days of receiving your request. Under certain circumstances, your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure to a law enforcement official or to a health oversight agency.

***Right To A Paper Copy Of This Notice:***

- You are entitled to receive a paper copy of this notice at any time.

***Right to File a Complaint:***

- You may complain to me and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by me. To file a complaint, contact me (privacy officer).
- All complaints should be submitted in writing.
- To file a complaint with the U. S. Secretary of Health and Human Services, send your complaint to: Office for Civil Rights, U.S. Dept. of Health and Human Services, 200 Independence Ave. SW, Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

I will attempt in good faith to obtain your signed acknowledgement that you received this notice to use and disclose your confidential medical information for required purposes. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**ELECTRONIC USE, STORAGE & PORTABILITY POLICY STORAGE AND USE OF RESTRICTED INFORMATION ON MOBILE DEVICES AND REMOVABLE MEDIA PURPOSE**

To establish a policy for the storage and use of Restricted Information on mobile devices (including but not limited to laptops, cell phones, tablet computers, personal digital assistants (“PDAs”), USB drives and external hard drives), removable storage media or other non-network secured resources in order to safeguard confidentiality and to meet applicable state and federal laws and regulatory standards. This policy applies to me, Yadi Puente with Sprouting 4 Life.

I am strongly committed to maintaining the privacy and security of confidential personal information and other highly sensitive data that is collected with the utmost care. There are policies, federal and state laws and regulations, and contractual obligations that govern how such data must be protected. The purpose of this policy is to highlight specific requirements that must be met with individual use of electronic devices or electronic media, regardless of whether those are owned by me or the client. This policy does not supplant any other policies, legal requirements, or contractual obligations.

“Protected health information” or “PHI” is any individually identifiable health information, in any format, including verbal communications. “Individually identifiable” means that the health or medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity. PHI includes patient billing and health insurance information and applies to a patient’s past, current or future physical or mental health or treatment.

*Individual-Use Electronic Devices:* Computer equipment, that has a storage device or persistent memory, such as desktop computers, laptops, tablet PCs, BlackBerrys and other personal digital assistants (PDAs), and smart phones. For purposes of this policy, the term does not include shared purpose devices, such as servers (including shared drives), printers, routers, switches, firewall hardware, clinical workstations, medical devices etc.

*Individual-Use Electronic Media:* All media, whether owned by me or an individual, on which electronic data can be stored, including but not limited to external hard drives, magnetic tapes, diskettes, CDs, DVDs, and USB storage devices (e.g., thumb drives).

*Highly Sensitive Data:* For purposes of this policy, highly sensitive data currently include personal information that can lead to identity theft if exposed and health information that reveals an individual’s health condition and/or history of health services use. And including any other types of sensitive data not listed but implied by content.

1. Personal information that, if exposed, can lead to specific identity. "Personal information" means the first name or first initial and last name in combination with and linked to any one or more of the following data elements about the individual:
  - a. Social security number;
  - b. Driver’s license number or state identification card number issued in lieu of a driver’s license number;
  - c. Military card or identification
  - d. Financial account number, or credit card or debit card number.
2. Health information that, if exposed, can reveal an individual’s health condition and/or history of health services use. “Health information,” also known as “protected health information (PHI),” includes health records combined in any way with one or more of the following data elements about the individual:
  - a. Names;
  - b. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes.
  - c. All elements of dates (except year) for dates directly related to an individual, including birth date, start/end of counseling date, date of death.

- d. Telephone numbers;
- e. Fax numbers;
- f. Electronic mail addresses;
- g. Social security numbers;
- h. Medical record numbers;
- i. Health plan beneficiary numbers;
- j. Account numbers;
- k. Certificate/license numbers;
- l. Device identifiers and serial numbers;
- m. Internet Protocol (IP) address numbers;
- n. Biometric identifiers, including finger and voice prints;
- o. Full face photographic images and any comparable images; and
- p. Any other unique identifying number, characteristic, or code that is derived from or related to information about the individual.
- q. Highly sensitive data must be securely encrypted on the electronic device or media.
- r. A log-in password must be enabled for the electronic device and, if available, the electronic media. The password must be complex. The password must not be shared with anyone.
- s. A password-protected screen saver, if available, must be enabled on the electronic device and be complex. The screen saver should be automatically activated within 15 minutes of inactivity on the device.
- t. The data must be deleted from the individual-use device daily. If sensitive information is needed to be kept, the information will be stored on a secured, non-portable device.
- u. Management of the electronic device may not be outsourced to any external party without my express written consent.
- v. Any pieces of art done in a treatment session correlating to the client will be kept for a week after termination. At that point, only photographs of the original art work will be taken and included as part of the clients file and I will not be liable for artwork that is left behind.
- w. Any and all passwords utilized for any applicable devices described in this document may not be shared with anyone.

***Breaches:***

All breaches should be reported to me (Compliance Officer).

Breach notifications will be sent to all effected parties and reporting agencies in compliance with Federal and State laws. Should Federal and State law require notification and posting of a breach, I will follow those guidelines as required for the specific incident.

***Compliance:***

All privacy and/or HIPAA concerns should be referred to me (Compliance Officer), even if a resolution has been reached.

I, *Yadi Puente* am the Compliance & Privacy Officer for Sprouting 4 Life: and can be contacted at [sprouting4life@gmail.com](mailto:sprouting4life@gmail.com), 210-582-5858 (ph).

Failure to comply with requirements of this policy can result in disciplinary action at a state and federal level. This policy is subject to revisions based on changes to amendments at the federal and state requirements.

For more information please visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).