



Linda Serrano Therapy

Linda Serrano, LMHC
lindaserranotherapy@gmail.com
(914) 505-6500

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 READ IT CAREFULLY.**

This document is a notice of the privacy practices of Linda Serrano Therapy in accordance with HIPAA and NYS Law.

Protected Health Information (PHI) is information about you, your health, your health care, and your payment including your name, address, social security, or other information that could be utilized to identify you. When it comes to your PHI, you have certain rights.

This section describes your rights and some of my responsibilities to help you.

You ("the client") maintain the right to:

- **Get an electronic or paper copy of your medical record.** You can ask me in writing to see or get an electronic or paper copy of your medical record and other health information I have on file. I will provide a copy or summary of your health information within 30 days of your request. There may be a reasonable, cost-based fee applied to this transaction.
- **Ask me to correct your medical record.** You have the right to request correction of information that you think is incorrect or incomplete. I reserve the right to deny this request, and if the request is denied, I will provide a written explanation within 60 days of your request.
- **Request confidential communication.** You have the right to ask me to contact you in a specific way that will increase your ability to keep your information confidential. For example, you may request an office phone or personal cell phone number or for mail to be sent to a different address. I will agree to all reasonable requests.
- **Request to limit what information I can share or use.** You have the right to request that I not share certain information for treatment, payment, or operations. I am not required to agree to your request and may deny the request if it would prevent you from receiving appropriate care. If you pay for services out of pocket and do not request a superbill for reimbursement, you may request I withhold payment information from your health insurance company. I will agree to this unless required by law.
- **Obtain a list of those with whom I have shared PHI.** You may request a list (accounting) of instances in which I have shared your health information for the six (6) years prior to the date of your request, with whom it was shared, and why. I will share disclosures except for those related to treatment, payment, health care operations, and disclosures specifically requested by you. One accounting per year is provided for free; additional requests within a 12 month period will be subject to a reasonable, cost-based charge.
- **Receive a hard copy of this privacy notice.** You have the right to request a paper copy of this notice at any time, even if you previously agreed to an electronic copy. Upon request, I will provide a paper copy to you via mail.
- **Choose someone to act on your behalf.** If you have designated someone as your medical power of attorney or have a legal guardian, that person has the authority to make choices regarding your PHI. I will verify that this person has the authority to make decisions for you before I pursue any action with them.

This section outlines choices you can make about what information I share. I am always available for a conversation about your preferences when it comes to the following situations.

In the following situations, you have the right and choice to tell me:

- Whether to share your information with family, close friends, or others involved in your care. I will not reach out to share your information without your explicit consent. Clients under 18 years of age acknowledge I have the right to share general updates and progress in treatment with a parent or guardian as necessary or to disclose any serious concerns regarding safety.
- Share information in the case of disaster relief.
- Include your information in a hospital directory. I do not create or manage a hospital directory.
- Contact you for fundraising efforts. I do not plan to use your PHI for fundraising.



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In the following situations, I will never share your information unless you provide explicit written consent:

- Marketing purposes.
- Sale of information.
- Most sharing of psychotherapy notes.

This section outlines typical practice uses and disclosures of your health information:

- **Treatment.** I can use your PHI and share it with other health professionals who are involved in your care.
- **Running my practice.** I can use and share and PHI to run my practice, improve your care, and to contact you for scheduling or other necessary purposes.
- **Bill for your services.** I can use and share your PHI to receive reimbursement from health insurance plans or other entities (i.e. Headway, SimplePractice). I may also share your PHI in the event of an audit by your health insurance company to ensure I am in compliance with their requirements.

This section outlines additional ways I may use your health information. I am allowed and even required under certain circumstances to share your information in ways that may support public health or research. Please note there are specific criteria that must be met by law before I would be able to share your information for these purposes.

Additional ways I may use and share your health information include:

- **Public health and safety issues.** These include preventing disease, product recalls, adverse reactions to medication, reporting suspected abuse, neglect, or domestic violence, and interfering with serious threat of health or safety to any person.
- **Do research.** I may use or share your information for health research purposes.
- **Comply with the law.** I may share information if required by state or federal law, including the DHHS if they need to verify my compliance with federal privacy law.
- **Respond to organ or tissue donation requests.** I may share health information about you to organizations involved with locating, storing, or transplanting organs or tissue.
- **Work with medical examiner or funeral director.** I may share health information with a medical examiner, coroner, or funeral director in the event of a client's death.
- **Address worker's comp, law enforcement, and other government requests.** I may be required to disclose information to government authorities in compliance with workers' compensation laws, health oversight agencies, or government functions including military, correctional facilities, or instances of national security.
- **Respond to lawsuit or other legal action.** I may share health information about you to defend myself against a lawsuit or to comply with other legal actions including a subpoena, court, or administrative order.

This section describes Business Associate Agreements and discloses companies with whom I have entered into a Business Associate Agreement.

Business Associates are entities who will have access to your PHI because I utilize their services to run my practice. These entities may use, view, or send your PHI on my behalf. Business Associate Agreements are confidentiality contracts between my practice and these Business Associates. Business Associates may not re-disclose your health information without your written consent, unless required by law. Entities with whom I have a Business Associate Agreement include SimplePractice, Headway, RingRx, and Psychology Today.

My responsibility to you is to preserve the privacy and security of your PHI. I will let you know immediately if there is a breach where your information may have been compromised. It is my responsibility to abide by the above mentioned practices and to provide you a copy of this notice. I agree not to use or share your PHI in situations outside the scope of this document unless you authorize it in writing. Once you consent to my using or sharing your PHI, you always have the option to revoke your consent and can notify me in writing at any time.



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Changes to the terms of this notice can occur at any time, and any changes are applicable to all information on file for you. New notice will be available upon written request and will be distributed to the client.

You have the right to file a complaint if you feel your rights have been violated.

- You may file a complaint if you feel I have violated your rights by contacting me at:

Linda Serrano Therapy
PO Box 505
Hughsonville, NY 12537
lindaserranotherapy@gmail.com
914-505-6500

- You may file a complaint with the US Department for Health and Human Services (DHHS) at:

The US Department of Health and Human Services
Office of Civil Rights
200 Independence Ave, SW
Washington DC 20201
877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/.

I will not retaliate against you in any way for filing a complaint.

This notice is effective as of August 23, 2022.