Social Work Services at GenPride - Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information (PHI) by GenPride's Social Work Services staff.

This notice describes these rights, how GenPride Social Work Services ("we") may use and disclose your health information, and how you can get access to this information. Please review it carefully and let us know if you have any questions.

We are legally required to protect the privacy of your health information.

When you become a GenPride Social Work Services client, we create a record of care and services that you receive from us; we do this in order to provide you with quality care and to comply with certain legal requirements. This record may include information about your health or health care and is considered "protected health information" or PHI under HIPAA law.

We are legally required to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices.
- Follow the terms of the notice that is currently in effect.

We can legally change the terms of this notice, and such changes will apply to all information that we have about you. We are required to make the new notice available upon request and post it in public areas in our offices. We will never sell your PHI or use or disclose your PHI for marketing purposes.

How we may use and disclose health information about you.

Our staff see only the minimum amount of health information we need to do our jobs. We may share information with other programs, agencies, or persons, if allowed by law or permitted by you.

In most cases, the social worker will ask you to sign an Authorization to Exchange Protected Health Care Information form before contacting another provider or agency on your behalf. Your permission to share your information is effective until the date you put on the authorization form. We can only share the type of information you list. You may revoke or change this permission in writing.

The following categories describe different ways that we may use and disclose health information under HIPAA law. This section will explain each category and give some examples of what that might look like.

1. **For Health Care Treatment, Payment, or Health Care Operations.** We may use or disclose your PHI *without your written authorization* in order to carry out health care treatment, payment or health care operations.

Health Care Treatment: We may disclose your PHI to providers and clinicians who provide you with services or are involved in your care, such as medication prescribers, hospitals and/or Mental Health Professionals (MHP).

Payment: We do not require payment for any social work services.

Health Care Operations: We may also use your PHI in order to evaluate the quality of health care services that you received and/or to provide data to consultants and others to make sure we're complying with laws.

2. **Certain Uses and Disclosures Do Not Require Your Authorization.** By law, there are times when we may be required or allowed to share your protected health information, even if you do not give us permission (see https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html)

   Some of these situations are:
   - **a.** 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.
   - **b.** 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.
   - **c.** For law enforcement purposes, including reporting crimes occurring on our premises.
   - **d.** Appointment reminders and health related benefits or services.

3. **Certain Uses and Disclosures Require That You Have the Opportunity to Object.**
   - **a.** Disclosures to family, friends, or others: We 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.

4. **You Have the Following Rights with Respect to your PHI:**
   - **a.** The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and may say "no" if we believe it would affect your health care.
   - **b.** The Right to Choose How We Send PHI to You: You have the right to ask us to contact you in a specific way (for example, home or mobile phone) or to send mail to a different address, and we will agree to all reasonable requests.
   - **c.** The Right to See and Get Copies of Your PHI: You have the right to get an electronic or paper copy of your medical record and other information that we have about you (other than "psychotherapy notes"). 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 may charge a reasonable, cost-based fee for doing so.

d. The Right to Get a List of the Disclosures We Have 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 us 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 fee for each additional request.

e. 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 we 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.

f. The Right to Get a Paper or Electronic Copy of this Notice: You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

How to complain about our privacy practices.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, we encourage you to discuss it with us. You may also send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint.

For a full summary of HIPAA privacy regulations, please visit the U.S. Department of Health and Human Services website:
https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html

Please let us know if you have any questions about these rights or regulations.