SONATIX
WELLNESS

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ARTICLE IV CONFIDENTIALITY

Section IV.01 GENERAL INFORMATION

(a) Sonatix Wellness understands that patient health information(PHI) is personal and is committed to protecting patient health information. Sonatix Wellness will create a record of patient care and the services received. A record of patient care is needed to provide the patient with quality care and to comply with legal requirements. This notice applies to all of the records of patient care generated by this mental health care practice, the ways in which it may be used, and how it may be disclosed. Described in this notice are patient's rights to their health information, and the obligations Sonatix Wellness has regarding the use and disclosure of patient health information.

Section IV.02 BY LAW, SONATIX WELLNESS IS REQUIRED TO:

(a) Make sure that protected health information ("PHI") that identifies a patient is kept private.

(b) Give the patient this notice of Sonatix Wellness' legal duties and privacy practices with respect to health information.

(c) Follow the terms of the notice that is currently in effect.

(d) Sonatix Wellness can change the terms of this notice, and such changes will apply to all information about the patient. The new notice will be available upon request. Any change will also publicly posted at our office and sent to you via your patient portal.

Section IV.03 WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW

(a) The following categories describe different ways Sonatix Wellness may use and disclose health information. Not every specific 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 following categories:

(i) For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Sonatix Wellness may also disclose protected health information for the treatment activities of any health care provider. This can be done without written authorization of the patient. For example, if a provide were to consult with another health care provider about a patient condition, we would be permitted to use and disclose personal health information, which is otherwise confidential, in order to assist the provider in diagnosis and treatment of a mental health condition.

(ii) Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the entire record and/or full and complete information in order to provide quality care. 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.

(iii) Lawsuits and Disputes: If the patient is involved in a lawsuit, Sonatix Wellness may disclose health information in response to a court or administrative order. Health information may also be disclosed about a child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell the parent(s)/guardian(s) about the request or to obtain an order protecting the information requested.

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Section IV.04 WHEN DISCLOSURE REQUIRES PATIENT AUTHORIZATION

(a) Psychotherapy notes are made and kept. Any use or disclosure of such notes requires patient authorization unless used by Sonatix Wellness for one of the following purposes:

- (i) Treating the patient.
- (ii) Training or supervising mental health practitioners to improve their skills in group, joint, family, or individual counseling/therapy.
- (iii) Defending Sonatix Wellness in legal proceedings.
- (iv) By the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- (v) As required by law. Such use or disclosure is limited to the requirements of such law. vi)As required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- (vi) If required by a coroner who is performing duties authorized by law.
- (vii) If required to help avert a serious threat to the health and safety of others.

(b) Sonatix Wellness will not use or disclose PHI for marketing purposes.

(c) Sonatix Wellness will not sell PHI.

Section IV.05 WHEN DISCLOSURE DOES NOT REQUIRE PATIENT AUTHORIZATION

(a) Subject to certain limitations in the law, Sonatix Wellness can use and disclose PHI without patient authorization for the following reasons:

- (i) 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.
- (ii) 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 including one's own.
- (iii) For health oversight activities, including audits and investigations.
- (iv) For judicial and administrative proceedings, including responding to a court or administrative order.
- (v) For law enforcement purposes, including reporting crimes occurring on Sonatix Wellness office premises.
- (vi) To coroners or medical examiners, when such individuals are performing duties authorized by law.
- (vii) 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.
- (viii) Specialized government functions, including, 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.
- (ix) For workers' compensation purposes, in order to comply with relevant laws.
- (x) Appointment reminders and health related benefits or services. Sonatix Wellness may use and disclose PHI to contact a patient with appointment reminders. PHI may also be used to inform the patient of treatment alternatives, or other health care services or benefits offered by Sonatix Wellness.

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Section IV.06 CERTAIN USES AND DISCLOSURES REQUIRING PATIENT OBJECTION

(a) Sonatix Wellness may provide PHI to any individual that the patient has indicated is involved in their care or involved in the payment of services, unless the patient has objected in whole or in part. The opportunity to consent may be obtained retroactively by Sonatix Wellness in emergency situations.

Section IV.07 PATIENT RIGHTS WITH RESPECT TO PHI

(a) The Right to Request Limits on Uses and Disclosures of PHI. The patient has the right to ask Sonatix Wellness not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Sonatix Wellness is not required to agree to this request, and may still disclose PHI if needed.

(b) The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. The patient has the right to request restrictions on disclosures of PHI to insurance companies for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that has already been paid for out-of-pocket in full.

(c) The Right to Choose How Sonatix Wellness Provides PHI. The patient has the right to ask Sonatix Wellness to provide PHI in a specific way or to send mail to an address not on file. All reasonable requests will be met.

(d) The Right to See and Request Copies of PHI. Other than psychotherapy notes, the patient has the right to receive an electronic or paper copy of their medical record and other information. Sonatix Wellness will provide a copy of the record, or a summary of it, if requested, within 30 days of receiving a written request from the patient. A fee of $0.25 per page may be charged for printed copies.

(e) The Right to Request a List of PHI Disclosures. The patient has the right to request a list of instances in which PHI has been disclosed by Sonatix Wellness for purposes other than treatment, payment, health care operations, or for which the patient has provided authorization. We will respond to any request for a list disclosures within 60 days of receiving the request. This list will include disclosures made in the last six years unless a shorter time frame is requested. No fee will be charged for an initial request made. If a second request is made during the same calendar year, then Sonatix Wellness may charge a fee of $0.25 per page for printed copies.

(f) The Right to Correct or Update PHI. If the patient believes that there is a mistake in their PHI, or that a piece of important information is missing from their PHI, they have the right to request that we correct the existing information or add the missing information. Sonatix Wellness has the right to reject such requests if deemed unreasonable. A response will be provided within 60 days of any request.

(g) The Right to Receive a Paper or Electronic Copy of this Notice. The patient has the right to receive a copy of this notice. A copy will be provided as either a physical printout or as an email sent to the patient. The patient may request a new copy in either form if desired.

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Section IV.08 MINOR PATIENT

(a) The parent(s) or legal guardian(s) may be legally entitled to information regarding the treatment of a minor patient. The provider will discuss with the minor patient what information will be disclosed prior to doing so, if possible.

ARTICLE V. EMERGENCY CONTACT

Section V.01 GENERAL INFORMATION

(a) Sonatix Wellness requires someone we can contact on your behalf in the event of an emergency. The listed person on the emergency contact form is considered someone to whom we are legally allowed to release your PHI. Sonatix Wellness will attempt to notify the listed person once and is not liable if the contact is unreachable.

Acknowledgement of Receipt of General Practice Policies and Consent to Treatment.

By signing below, I certify:

- That I have read or had this form read to me and/or had it explained to me if requested
- That I fully understand its contents
- That I have been given amply opportunity to ask questions and that any questions have been answered to my satisfaction.

Printed name: _____ *Date:* _____

Signature: _____