

Notice of Privacy Practices

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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on: **June 17, 2025**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your care is personal. I am committed to protecting your health information. I maintain records of the care and services you receive from me in order to provide quality care and comply with legal requirements.

This Notice applies to all records created by this practice. It outlines how I may use and disclose your health information and your rights regarding that information. By law, I am required to:

- Maintain the privacy of your protected health information (PHI);
- Provide you with this Notice of my legal duties and privacy practices;
- Follow the terms of the Notice currently in effect.

I may change the terms of this Notice. Any changes will apply to all health information I maintain. A revised Notice will be made available upon request, on my website, and in my practice materials.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**For Treatment, Payment, or Health Care Operations:**

Federal regulations allow health care providers to use or disclose your PHI without written authorization for treatment, payment, and health care operations. This includes consulting with other providers about your care or coordinating services. For example, I may consult another licensed provider to support accurate diagnosis and treatment.

Disclosures for treatment are not restricted to the "minimum necessary" standard, as full information may be needed to ensure quality care. Treatment includes coordination, referrals, and provider-to-provider communication.

Lawsuits and Disputes:

If you are involved in a legal proceeding, I may disclose PHI in response to a court or administrative order. I may also respond to a subpoena or discovery request after reasonable efforts to notify you or obtain a protective order.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**Psychotherapy Notes:**

I do keep "psychotherapy notes" as defined by federal regulation. Use or disclosure of these notes requires your written Authorization unless:

- a. For my own use in your treatment;
- b. For training or supervision of other mental health professionals;
- c. In defense of legal proceedings brought by you;
- d. Required by the Secretary of Health and Human Services for compliance review;
- e. Required by law;
- f. For health oversight activities of the originator of the notes;
- g. By a coroner in accordance with law;
- h. To prevent or lessen a serious health or safety threat.

Marketing:

I do not use or disclose your PHI for marketing purposes.

Sale of PHI:

I do not sell your PHI in the course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

I may use or disclose your PHI without your Authorization for the following:

- When required by federal or state law;
 - For public health purposes, including mandatory reporting;
 - For health oversight, such as audits or investigations;
 - In response to a court order or legal mandate;
 - To law enforcement for crimes on the premises or emergencies;
 - To coroners or medical examiners;
 - For research approved under applicable safeguards;
 - For certain government functions (military, intelligence, presidential protection, etc.);
 - For workers' compensation claims;
 - For appointment reminders or to share information about alternative treatments or benefits I offer.
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V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

I may share your PHI with family members, friends, or others involved in your care or payment, unless you object. In emergencies, this may happen retroactively.

VI. YOUR RIGHTS REGARDING YOUR PHI:

Right to Request Restrictions:

You can ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree but will consider all reasonable requests.

Right to Restrict Disclosures for Self-Paid Services:

You can restrict disclosure of PHI to your health plan if you pay for a service entirely out-of-pocket.

Right to Request Confidential Communications:

You may request that I contact you at a specific address or by a particular method. I will honor reasonable requests.

Right to Access PHI:

You may request a copy of your records, excluding psychotherapy notes. I will provide records or a summary (if agreed upon) within 30 days. A reasonable fee may apply.

Right to an Accounting of Disclosures:

You may request a list of disclosures made over the past six years (excluding those for treatment, payment, or health care operations). One request per year is free. Additional requests may incur a fee.

Right to Request an Amendment:

If you believe your PHI is incorrect or incomplete, you may request a correction. I may deny the request but will provide a written explanation.

Right to a Copy of This Notice:

You may request a paper or electronic copy of this Notice at any time, even if you originally received it electronically.

Acknowledgement of Receipt of Privacy Practices

Under HIPAA, you have certain rights related to the use and disclosure of your PHI. By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.