



Earthheart LLC

4307 S Leonard Springs Rd • Bloomington IN 47403 • 812-825-3704

## Earthheart LLC - Notice of Privacy Practices Your Information. Your Rights. Our Responsibilities.

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We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice replaces all previous notices, takes effect 10/1/2019, and will remain in effect until we replace it. This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Definitions

To help clarify the terms used in this document:

- "Health information": PHI, Protected Health Information, is your health information or other individually identifiable information, such as demographic data, that may identify you. Protected health information relates to your past, present or future physical or mental health or condition related to healthcare services.
- "Use": When your health information is accessed by your therapist, coach, or others in this office.
- "Disclosure": When your health information is shared with or sent to others outside this office.
- "Treatment" generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.
- "Authorization": Your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

### Your Rights

You have the right to:

- Request a copy of your medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated



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## Your Choices

You have some choices in the way that we use and share information as we provide mental health care.

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

When it comes to your health information, you have certain rights:

- **Get an electronic or paper copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. In some very unusual situations, you cannot see all of what is in your records. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We may charge a reasonable, cost-based fee.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.



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- **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. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights by contacting us using the information at the top of the page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## What We Mean by Your Protected Health Information

- Your history. As a child, in school and at work, and marital and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, needs, goals.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. These are the treatments and other services which we think will best help you.
- Progress notes. Each time you come in we write down some things about how you are doing, what we observe about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Information about medications you took or are taking.
- Legal matters

This list is just to give you an idea; there may be other kinds of information that go into your healthcare record here.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to share information with your family, close friends, medical professionals, or others involved in your care. No one outside of our organization is given any information about you without a signed release of information by you providing the authorization to do so. *We may share your information when legally obligated to do so or when needed to lessen a serious and imminent threat to your own or another's health or safety.*

We will never share your personal information outside of Earthheart LLC for marketing purposes and we will never sell your personal information to a third party. If you receive unwanted communications from us, simply request to not be included in those communications and we will take care of that promptly. We will not share your psychotherapy notes unless you give us written permission.

## Our Uses and Disclosures



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## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat you:** We may use and disclose your health information for your treatment. For instance, we may consult with other professionals within our organization as part of your treatment in order to provide you with the best possible service. For these consultations, we share only the minimum necessary health information needed for the purpose. We may disclose your health information to a specialist providing treatment to you with your written authorization. We may disclose your health information to your family or friends, medical professionals, or any other individual identified by you when they are involved in your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make healthcare decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

**Run our organization:** We may use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

**Bill for your services:** We may use and share your health information to bill and get payment from health plans or other entities. We may disclose your health information to your family or friends, medical professionals, or any other individual identified by you when they are involved in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make healthcare decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues:** We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research:** We may use or share your information for health research.

**Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Work with a medical examiner or funeral director:** We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests:** We may use or share health information about you:



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- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:** We may share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

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

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Our Privacy Official/Privacy Officer: Bret Earthheart, MSW, LCSW. You can contact Bret at 812-345-2176 or by email at [bret@centerthrive.com](mailto:bret@centerthrive.com).