

# HIPPA Notice of Privacy Practices

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## HIPAA Notice of Privacy Practices

**Effective Date:** 1/1/2026

**Provider:** Emily Jeffrey, LCSW, LCSW

**Practice Name:** Emily Jeffrey, LCSW, LLC

**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.**

### 1. Our Commitment to Your Privacy

This practice is dedicated to maintaining the privacy of your protected health information (PHI). In the course of our work together, especially regarding clinical support for aging, grief, and end-of-life care, I will create records regarding you and the services I provide. I am required by law to maintain the confidentiality of health information that identifies you.

### 2. How We May Use and Disclose Your PHI

We may use and disclose your PHI for the following purposes:

- **Treatment & Consultation:** I may use your PHI to provide clinical services and **collaborate** with other healthcare professionals involved in your care. For example, I may consult with your primary care physician, a hospice team, or another specialist to ensure a holistic understanding of your clinical needs. **Except in emergency situations, I will obtain your specific written authorization (Release of Information) prior to these consultations.** This is intended for professional consultation when we agree it is beneficial to your therapeutic goals and does not imply that I am managing or directing your medical treatment.
- **Payment:** I may use and disclose your PHI so that the services you receive may be billed to and payment may be collected from you, Medicare, or a supplemental insurance company.
- **Healthcare Operations:** I may use and disclose PHI to operate my practice and ensure you receive high-quality care. This includes internal audits or coordination with my HIPAA-compliant Electronic Health Record (SimplePractice).
- **Required by Law:** I will disclose PHI when required to do so by federal, state, or local law (e.g., suspected abuse or neglect, court orders).

### 3. Specialized Disclosures (Support Systems & Caregivers)

Given the specialized nature of this practice, the following disclosures may occur:

- **Support Systems & Caregivers:** I may disclose limited PHI to a family member, other relative, or a close personal friend who is a part of your support system, **provided that I have a signed Release of Information on file for that individual.**
  - **Time & Billing Boundaries:** To ensure the highest quality of clinical care and professional boundary maintenance, substantive communication with support systems is typically conducted during scheduled clinical sessions (such as family therapy sessions). Brief, non-clinical administrative updates may occur outside of sessions; however, extensive consultation with family members is a professional service and will be scheduled and billed accordingly.
- **Deceased Individuals:** In the event of a client's death, I may disclose PHI to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties. I may also disclose PHI to family members who were involved in the client's support system prior to death, unless inconsistent with the client's prior expressed preference.

### 4. Your Rights Regarding Your PHI

You have the following rights regarding the PHI I maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your clinical and billing records.
- **Right to Amend:** If you feel that PHI I have about you is incorrect or incomplete, you may ask me to amend the information.

- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures I have made of your PHI for purposes other than treatment, payment, or operations.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI I use or disclose. I am not required to agree to your request, except in limited circumstances.
- **Right to Confidential Communications:** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location (e.g., only via the SimplePractice portal).

## 5. Complaints

If you believe your privacy rights have been violated, you may file a complaint with this practice or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

## Acknowledgement of Receipt

I acknowledge that I have received a copy of Emily Jeffrey, LSCSW, LLC's HIPAA Notice of Privacy Practices.