

## **Amelia Hasbun, LMFT – Notice of Privacy Practices**

Massachusetts License #LMFT1830

Connecticut License #3659

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**Introduction** This notice explains how your health information may be used and shared, and your rights regarding that information. Please review it carefully. I am committed to protecting your personal health information (PHI). This notice applies to all records created about your care in this mental health practice.

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### **I. My Pledge Regarding Health Information** I am required by law to:

1. Keep your PHI private.
2. Provide this notice of my legal duties and privacy practices.
3. Follow the terms of this notice currently in effect.

I may change the terms of this notice at any time. Updated notices will apply to all information I have about you and will be available upon request, in my office, and on my website.

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### **II. How I May Use and Disclose Your Health Information**

**1. Treatment, Payment, and Health Care Operations** I may use or disclose PHI to provide, coordinate, or manage your care. Examples include:

- Consulting with other healthcare providers about your care
- Referring you to another clinician for services
- Using information for quality improvement or training purposes

#### **2. Legal and Administrative Requirements**

- If involved in a lawsuit or legal process, PHI may be disclosed in response to a court order or lawful request.
- PHI may be shared with law enforcement or government agencies as required by law.

#### **3. Emergency Situations**

- PHI may be disclosed without authorization in emergencies to prevent serious harm to you or others, consistent with state law.
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**III. Business Associates** Certain services in my practice are provided through contracted third parties, known as Business Associates, who may access PHI to perform their duties. Examples include billing, scheduling, or electronic health record services. These associates are required by law to maintain the privacy and security of your PHI and may only use it to perform the contracted services.

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**IV. Telehealth** Telehealth services involve the use of electronic communication to provide care when you and I are not in the same location.

- I use secure, HIPAA-compliant platforms to protect your information.
- Despite precautions, no electronic transmission is 100% secure, and there is some risk of unauthorized access.
- By participating in telehealth, you consent to these risks and agree to follow guidelines for safe communication.

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**V. Uses and Disclosures That Require Your Authorization** Some information requires your written permission to share:

1. **Psychotherapy Notes** – Notes kept separate from the main record require authorization, except for:
  - My own treatment use
  - Supervision or training of mental health professionals
  - Legal defense if you sue me
  - Compliance investigations by the Secretary of HHS
  - Other uses required by law
2. **Marketing** – I will not use PHI for marketing purposes.
3. **Sale of PHI** – I will not sell your PHI in the normal course of business.

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**VI. Uses and Disclosures That Do Not Require Authorization** I may use or disclose PHI without your authorization in these situations:

- As required by federal or state law
- For public health reporting, including suspected abuse
- For health oversight activities (audits, investigations)
- For research under legal guidelines
- For workers' compensation purposes
- For appointment reminders or information about treatment alternatives or services
- For certain specialized government functions (e.g., military, national security)

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## **VII. State-Specific Notices (MA & CT)**

### **Record Retention**

- Massachusetts: Records are kept for at least 7 years after the last date of service, or 7 years after the client turns 18, whichever is later.
- Connecticut: Records are kept for at least 7 years after the last date of service, or 3 years after the client turns 18, whichever is later.

**Mandatory Reporting** Both states require reporting of suspected child abuse, elder abuse, and abuse of dependent adults or individuals with disabilities.

## Minor Clients

- Massachusetts: Parental consent is generally required for outpatient mental health counseling. Exceptions exist for limited situations such as:
  - A minor age 12 or older may consent to substance use disorder treatment
  - A minor age 16 or older may voluntarily admit themselves to an inpatient psychiatric facility without parental consent
- Connecticut: A minor may receive outpatient mental health counseling without parental consent if:
  - Requiring parental involvement would cause the minor to refuse care
  - Treatment is clinically necessary
  - The minor appears mature enough to participate

After every six sessions, the therapist must review and document whether parental involvement is appropriate. There is no absolute session or time limit.

**Electronic Communication** Email or other electronic communication is not fully secure. Reasonable precautions will be taken, but confidentiality cannot be guaranteed outside secure platforms.

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**VIII. Your Opportunity to Object** You may object to the disclosure of your PHI to family, friends, or others involved in your care. In emergencies, consent may be obtained retroactively.

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**IX. Your Rights Regarding Your PHI** You have the right to:

1. Request Limits on Uses and Disclosures – I may decline if it affects your care.
  2. Request Restrictions for Out-of-Pocket Paid Services – Limit disclosures to health plans if you paid in full.
  3. Choose How I Contact You – Request specific methods or locations for communication.
  4. Access Your PHI – Request copies or summaries of your record (excluding psychotherapy notes).
  5. Receive a List of Disclosures – Accounting of disclosures outside treatment, payment, or operations.
  6. Request Corrections – Ask me to amend or add missing PHI; I will respond within 60 days.
  7. Receive a Paper or Electronic Copy of This Notice – Even if you agreed to electronic delivery.
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**X. Filing a Complaint** If you believe your privacy rights have been violated, you may:

- File a complaint with me at the contact information above, or
- File a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS).

You will not be retaliated against for filing a complaint.

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**XI. Acknowledgement of Receipt** By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.