

Jessica DaRin LCSW LLC

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on 08/01/2025

## Notice of Privacy Practices

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. A record of the care and services you receive from Jessica DaRin LCSW LLC is created to provide you with quality care and to comply with certain legal requirements. This notice describes how medical/health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Jessica DaRin LCSW LLC is required by law to maintain the privacy of your health information and to provide you with this detailed Notice of legal duties and privacy practices with respect to your health information. Jessica DaRin LCSW LLC shall abide by the terms of the Notice that are currently in effect. However, Jessica DaRin LCSW LLC reserves the right to change the terms of this Notice and to make the new provisions effective for all personal health information received and maintained by Jessica DaRin LCSW LLC now and in the future. You will be provided with a copy of the revised Notice upon request.

### Uses and Disclosures of Protected Health Information (PHI)

As a client of Jessica DaRin LCSW LLC, information about you is permitted by law to be used and disclosed to other parties without your written authorization for purposes such as treatment, payment, and health care operations. Your PHI can be disclosed in the following ways:

- **Treatment-** Jessica DaRin LCSW LLC can use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. For example, one of your providers requests information about your mental health treatment and a Release of Information (ROI) is signed. Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “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.

- **Payment-** Jessica DaRin LCSW LLC may use or disclose your health information for billing and payment purposes. We may disclose your health information to a representative, or to an insurance managed care company, Medicare, Medicaid, or another third-party payor. For example. We may contact Medicaid or your health plan to confirm your coverage or to request approval for services that will be provided to you.
- **Health Care Operations-** Jessica DaRin LCSW LLC may use and disclose your health information as necessary to run the business, improve your care, and contact you. For example, Jessica DaRin LCSW LLC uses PHI to send appointments reminders if you choose. Your PHI can be used in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, Jessica DaRin LCSW LLC may disclose health information in response to a court or administrative order. Jessica DaRin LCSW LLC may also disclose health information about your 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 you about the request or to obtain an order protecting the information requested.

**The following lists various ways in which Jessica DaRin LCSW LLC may use or disclose your health information without your authorization or an opportunity for you to object**

- Individuals Involved in Your Care or Payment of Your Care, Emergencies, As Required By Law, Business Associate, Public Health Activities, As Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information, Reporting Victims of Abuse, Neglect or Domestic Violence, Health Oversight Activities such as audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws, To Avert a Serious Threat to Health or Safety, Judicial and Administrative Proceedings, Law Enforcement : For law to locate and identify you or disclose information about a victim of a crime, Research, Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations, Disaster Relief, Military, Veterans and other Specific Government Functions: For military or national security concerns, • National security and intelligence activities: For

intelligence, counterintelligence, Workers' Compensation and other Benefit Programs, Inmates/Law Enforcement Custody, and Appointment Reminders.

Unless you object, Jessica DaRin LCSW LLC may make disclosures of PHI to family, friends, or others if PHI relates to that person's involvement in your care and there is a Release of Information signed. The opportunity to consent may be obtained retroactively in emergency situations if it is in your best interest and you are unable to state your preference.

Most uses and disclosures of psychotherapy notes and PHI require an individual's authorization. Uses and disclosures not described in this Notice will be made only with your authorization. You may revoke an Authorization in writing at any time by emailing [contact@jessicadarinlcsw.com](mailto:contact@jessicadarinlcsw.com). If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that authorization, except where we have already relied on the Authorization.

## Your Rights

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations, and exceptions. To exercise these rights, submit a specific written request to Jessica DaRin LCSW LLC at the email: [contact@jessicadarinlcsw.com](mailto:contact@jessicadarinlcsw.com).

- **The Right to Request Limits on Uses and Disclosures of Your PHI-** You have the right to request certain restrictions on our use or disclosure of your PHI for treatment, payment, or health care operations purposes. You also have the right to request restrictions on the health information we disclose to a family member, friend, or person who is involved in your care or the payment of your care. Jessica DaRin LCSW LLC is not required to agree to your requested restriction if we believe it would affect your health care. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment or in accordance with applicable law.
- **Access to Person Health Information-** You have the right to request electronic or paper copies of your PHI, or a summary of your PHI if you agree to a summary. Jessica DaRin LCSW LLC may charge you a reasonable fee for a paper copy; an electronic copy may be provided at no cost. Jessica DaRin LCSW LLC may deny your request if it believes the disclosures will endanger your life or another person's life. You may have a right to have this decision reviewed. Your request must be made in writing.

- **Request Amendment-** You have the right to request an amendment to your PHI if you believe it is incorrect or incomplete. Your request must be made in writing (use the email listed above) and you must state the reason for requested amendment. Jessica DaRin LCSW LLC may deny your request. Jessica DaRin LCSW LLC will send a written explanation via email for the denial and allow you to submit a written statement of disagreement.
- **Request an Accounting of Disclosures-** You have the right to request an “accounting” of disclosures made by Jessica DaRin LCSW LLC of your PHI. To request an accounting of disclosures, you must submit a request in writing. The first accounting provided within a twelve-month period will be free; for further requests we may charge you a reasonable fee.
- **Request a Paper Copy of This Notice-** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically.
- **Request Confidential Communications-** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests. You acknowledge that any communication outside of your session cannot guarantee confidentiality.
- **Notification of Breach of Security.** You have the right to be notified of an unauthorized disclosure of your unsecured personal health information and we will notify you of such a breach in accordance with our obligations under the law
- **Request Restrictions for Out-of-Pocket Expenses Paid for in Full-** you have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full
- **To 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
- **To File a Complaint if You Feel Your Rights are Violated-** You can file a complaint by contacting Jessica DaRin LCSW LLC in writing via email at [contact@jessicadarinlcsw.com](mailto:contact@jessicadarinlcsw.com) . 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/). Jessica DaRin LCSW LLC will not retaliate against you for filing a complaint.

You may contact the owner, Jessica DaRin, at any time using [contact@jessicadarinlcsw.com](mailto:contact@jessicadarinlcsw.com) to obtain a current copy of the Notice of Privacy Practices. You understand that you may request in writing restrictions on how your private information is used or disclosed to carry out treatment, payment, or health care operations. You also

understand that Jessica DaRin LCSW LLC is not required to agree to your requested restrictions, but if Jessica DaRin LCSW LLC does agree, then Jessica DaRin LCSW LLC is bound by such restrictions.

## **Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

\* I understand this notice and have had the opportunity to ask questions regarding any matters of concern. I am signing this form voluntarily.

I consent to sharing information provided here.