



# Notice of Privacy Practices

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Renee Beauregard, PLLC

## Contact Information:

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## 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.**

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### I. MY PLEDGE REGARDING HEALTH INFORMATION

Renee Beauregard, PLLC prioritizes and is committed the privacy of your health information and care records. A digital record to provide quality care and comply with legal requirements. This Notice applies to all records created by this practice.

I am required by law to:

- Keep your protected health information (PHI) confidential
- Provide you this Notice describing my legal duties and privacy practices
- Follow the terms of this Notice while it is in effect

I may change the terms of this Notice. Updated versions will be available upon request, in my office, and on my website.

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### II. HOW I MAY OBTAIN, USE, AND DISCLOSE HEALTH INFORMATION

I use and disclose your health information for treatment, payment, and healthcare operations without needing your written authorization. Examples include:

- Providing treatment and coordinating care with other providers
- Billing and collecting payment for services
- Managing my practice operations

**Record Keeping:** I may use a digital transcription service to create session notes. This service complies with HIPAA and does not record or permanently store sessions.

Disclosures for treatment are not limited to the minimum necessary because providers require complete information for quality care.

In cases of lawsuits or legal disputes, I may be required to disclose health information if ordered by a court or through lawful legal requests.

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### III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Certain uses and disclosures require your written authorization, including:

- **Psychotherapy notes**, except for treatment, supervision, legal defense, investigations, or when required by law
  - Marketing purposes (I will not use your PHI for marketing)
  - Sale of PHI (I do not sell your PHI)
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#### IV. USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION

Without your authorization, I may disclose your PHI in these situations:

- When required by law or public health authorities
  - To prevent or reduce a serious threat to health or safety
  - For health oversight, judicial, and law enforcement purposes
  - To coroners, medical examiners, or for research studies
  - For specialized government functions and workers' compensation
  - To send appointment reminders or inform you of health-related benefits or services
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#### V. DISCLOSURES REQUIRING YOUR OPPORTUNITY TO OBJECT

I may disclose your PHI to family members, friends, or others involved in your care or payment unless you object. In emergencies, consent may be obtained retroactively.

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#### VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request limits on how I use or disclose your PHI (I may deny if it affects your care)
  - Request restrictions on disclosures to your health plan if you pay out-of-pocket in full
  - Choose how I contact you (e.g., phone, email, mail)
  - See and get copies of your health records, excluding psychotherapy notes, within 30 days of request (fees may apply)
  - Receive a list of disclosures I have made, excluding treatment, payment, or operations, for the last 6 years
  - Request corrections or additions to your records (requests may be denied with explanation)
  - Receive a paper or electronic copy of this Notice
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#### ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under HIPAA, you have rights regarding your protected health information. By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.

For more information, visit the U.S. Department of Health and Human Services website:

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>