

Notice of Privacy Practices

Jonathan Lazzara, LICSW

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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 5/1/2025

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. This notice describes how health information about you or your child may be used and disclosed and how you can gain access to this information. Please review it carefully. If you have any questions about this Privacy Notice, please contact Jonathan Lazzara, LICSW.

Understanding your Health Record/Information

Each time you or your child visit a hospital, healthcare provider, or mental health clinician, a record of your visit is made. Typically, this record contains your symptoms, evaluation and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third party payer can verify that services billed were actually provided;
- tool in educating health professionals;
- source of information for public health officials charged with improving the health of the nation;
- source of data for facility planning and marketing;
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how you or your child's health information is used helps you to:

- better understand who, what, when, where and why others may access your health information;
- make more informed decisions when authorizing disclosure to others;

- ensure its accuracy.

Your Privacy Rights

You have the following rights regarding the health information that Jonathan Lazzara, LICSW has about you or your child.

- **Your Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your medical records. You may be charged a fee for the cost of copying your records.
- **Your Right to Amend:** You may ask Jonathan Lazzara, LICSW to change your records if you feel that there is a mistake. Jonathan Lazzara, LICSW can deny your request for certain reasons, but he must give you a written reason for denial.
- **Your Right to Request Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to ask that Jonathan Lazzara, LICSW share information with you in a certain way or in a certain place. For example, you may ask her to send information to your work address instead of your home address. He will do her best to accommodate such a reasonable request.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You can ask for limits on how your information is used or disclosed. Jonathan Lazzara, LICSW is not required to agree to such requests, but can if he believes it is reasonable to do so.
- **Your Right to a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. Your requests must be made in writing to jonathanlazzaratherapy@gmail.com.

Jonathan Lazzara's Responsibilities:

Jonathan Lazzara, LICSW will:

- maintain the privacy of your health information
- provide you with a notice as to her legal duties and privacy practices with respect to information he collects and maintains about you
- abide by the terms of this notice
- notify you if he is unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Jonathan Lazzara, LICSW reserves the right to change her practices and to make the new provisions effective for all protected health information he maintains. Should her information practices change, he will mail a revised notice to the address you've

supplied her. He will not use or disclose your health information without your authorization, except as described in this notice.

How Jonathan Lazzara, LICSW will Use and Disclose your Health Information:

For treatment:

- For example: Information obtained by Jonathan Lazzara, LICSW will be recorded in your record and used to determine the course of treatment that should work best for you or your child. He will document in your or your child's record an evaluation and treatment plan. He will know how you or your child are responding to treatment based on documentation of treatment interventions and responses.
- When Jonathan Lazzara, LICSW makes disclosures to a third party for coordination or management of your or your child's mental health care, he will usually obtain your written authorization prior to the disclosure.

For payment:

- For example: A bill may be sent to you. The information on or accompanying the bill may include information that identifies you or your child, as well as related diagnoses and the type of visit.

Uses and Disclosures (Sharing) of Your Health Information without your Specific Permission:

Jonathan Lazzara, LICSW may legally use and/or share your or your child's health information with others in the following areas without your specific permission. In such cases, he will disclose the minimum amount of information necessary to fulfill her obligation.

- As required by state and federal laws and regulations
- When Jonathan Lazzara, LICSW believes you or your child might be in danger of harming yourself, themselves or other persons, or are at risk due to inability to care for yourself or your children.
- When Jonathan Lazzara, LICSW believes that a child, elderly person, or disabled person in your care is being abused or neglected
- For health oversight activities such as responding to reviews by government agencies or benefit programs such as Medicare or Medicaid
- Jonathan Lazzara, LICSW may disclose health information about you or your child to a court when a judge orders her to do so
- With regard to people who have died, to coroners, medical examiners and funeral directors, or for organ, eye or tissue donation at death
- to avert a serious threat to health or safety
- For specialized government operations
- As authorized by and as necessary to comply with workers compensation laws

Jonathan Lazzara, LICSW may disclose health information about you or your child in legal proceedings without your permission when:

- your or your child's health information involves communications made during a court-ordered psychiatric examination;
- you introduce your or your child's mental or emotional condition in evidence in support of your claim or defense in any proceeding and the judge approves Jonathan Lazzara's disclosure of your health information;
- you file a claim against Jonathan Lazzara, LICSW for malpractice or initiate a complaint with a licensing board against Jonathan Lazzara, LICSW;
- a judge approves Jonathan Lazzara's disclosure of your or your child's health information in a legal proceeding that involves child custody, adoption or dispensing with consent to adoption;
- Jonathan Lazzara, LICSW brings a proceeding, or is asked to testify in a proceeding, involving foster care of a child or commitment of a child to the custody of the Massachusetts Department of Social Services.

Jonathan Lazzara, LICSW may disclose health information about you or your child for law enforcement purposes under specific conditions such as reporting when someone is the victim of a crime. Other conditions include:

- when the information is provided in response to an order of a court;
- when you agree to the disclosure
- when Jonathan Lazzara, LICSW determines that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you or your child against yourself, themselves or another person; or
- the disclosure is otherwise required by law.

Uses and Disclosures (Sharing) of your Health Information that you may ask to be Limited, or Request not be Made:

In general, Jonathan Lazzara, LICSW will not give out any information to family or friends without an authorization signed by you. Jonathan Lazzara, LICSW does not have a patient directory and will not give out any information regarding your or your child's care.

In an emergency situation, if you are present and are able to make health care decisions, Jonathan Lazzara, LICSW will try to find out if you want her to share this information with your family members or others. If you are not able to make your wishes known, he will use her best judgment to decide whether to share information. If it is thought to be in your best interest, he will only share information that others really need to know.

If you are not in an emergency situation but are unable to make health care decisions, Jonathan Lazzara, LICSW will disclose your health information to: your health care agent if he has received a valid health care proxy from you, your or your child's guardian or medication monitor if one has been appointed by a court, or if applicable, the state agency responsible for consenting to your or your child's care.

Uses and Disclosures of Information that Require your Written Permission:

- Sharing information about genetic testing (as defined by state law) or genetic test results
- Sharing information about HIV testing or test results
- Sharing information from substance abuse rehabilitation treatment programs
- Sharing information about treatment for sexually transmitted diseases
- Information which state law recognizes as "privileged" (sensitive) information can only be shared in administrative and judicial proceedings if you give written permission.
 - "Privileged" (sensitive) information includes information that relates to domestic violence, sexual assault counseling, confidential communications between a client and a provider, and/or confidential details of psychotherapy.
 - such proceedings may include civil or criminal trials and their preliminary proceedings, or hearings before a state, county or local administrative agency
- Using and sharing psychotherapy notes (notes maintained outside of the medical record for the Jonathan Lazzara's own use); however, specific permission is not required for use or sharing of these notes for Jonathan Lazzara, LICSW to treat you or your child, for legal defense in an action you bring, or for oversight of the therapist and therapy content.

Withdrawing Permission:

If you have given permission for your medical information in the above categories to be used or shared, you may withdraw your permission in writing at any time and except to the extent that Jonathan Lazzara, LICSW has already acted on it, he will not make any further disclosures of your information.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with Jonathan Lazzara, LICSW or with the Secretary of the U.S. Department of Health and Human Services.

Acknowledgement and Agreement of Privacy Policy:

My signature is provided in acknowledgement that Jonathan Lazzara, LICSW has informed me of her privacy policy and of my rights and her obligations regarding the handling of clinical information under the HIPAA law. Jonathan Lazzara, LICSW has presented me, in writing, with a summary of the HIPAA law and her privacy policy as it relates to the law and her handling of information regarding my child, family or myself. I have reviewed these materials, understand them and hereby accept the conditions for information management outlined in Jonathan Lazzara's policy and the HIPAA law.