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## **NOTICE OF PRIVACY PRACTICES**

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully. You may have additional rights under state and local law. Please seek legal counsel from an attorney if you have questions regarding your rights to health care information.

### **Effective Date of This Notice:**

This notice went into effect July 01, 2020.

### **Confidentiality:**

Except for certain expectations described below, you have the right to the confidentiality of your and/or your child's therapy. I cannot disclose to anyone else what you, and/or your child, and/or your family have told me, or that you and/or your child are in therapy with me, without your prior written authorization.

I do consult with other professionals about your care, but I do not use any identifying information when consulting.

Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, only in the case of an emergency. You may direct me to share information with whomever you chose, and you can revoke that permission at any time. If another health care provider is working with you and your family and you would like for me to communicate with that individual/group, I would require a release of information from you so that I can discuss your care.

You and your family are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures confidentiality of all transmission of information about you. Whenever I transmit information about you (for example, sending bills or faxing information), it will be done with special safeguards to ensure confidentiality.

If you elect to communicate with me by email during our work together, please be aware that email is not completely confidential. All emails are retained in the logs of Internet Service Providers (ISP). While under normal circumstances no one looks at these logs, they are, in theory, available to the system administrator(s) of the ISP.

The following are legal exceptions to your right to confidentiality. I will inform you of any time when I believe I will have to put these into effect.

1. If I have good reason to believe that you or your child will harm another person, I must attempt to inform that person and warn them of the intentions. I must also contact the police and ask them to protect the intended victim.
2. If I believe that you, or your child, are in imminent danger of harm to self, I may legally break confidentiality and call the police or other authority.
3. If I have good reason to believe current, or previous, abuse or neglect of a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform The Department of Child and Family services or Adult Protective Services immediately.
4. Your insurance company requests information relative to payment of your claim.
5. I receive a signed order from a judge to testify in court, or to provide records.
6. I am required to share information under Federal or state law or regulation
7. I am required to share information by the Board of Registration of Social Workers or the Office of the Attorney General during the course of an investigation.
8. You are a defendant in a criminal proceeding, and you need me to speak on your behalf.

### **Record-keeping:**

I keep very brief records, noting only that we have engaged in a therapy session, what interventions happened in the session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to ask that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

### **The Right to File a Complaint:**

You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). I will not retaliate against you for filing a complaint.

### **Changes to This Notice:**

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office and on my website.