



**Mainstay Music Therapy, Inc.**

Notice of Privacy Practices As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A CLIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION: PLEASE REVIEW THIS NOTICE CAREFULLY.

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we must follow.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI. Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT: Mainstay Music Therapy, Inc., 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825**

**C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS**

**D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - a. Reporting child abuse or neglect
  - b. Preventing or controlling injury or disability
  - c. Notifying individuals if a product or device they may be using has been recalled
  - d. Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of a patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
2. **Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful

- process by another party involved in the dispute. Our relationship with you does not confer any doctor/patient or similar privilege against disclosure.
4. Law Enforcement: We may release IHI if asked to do so by a law enforcement official:
    - a. Regarding a crime violation in certain situations, if we are unable to obtain the person's agreement
    - b. Concerning a death, we believe has resulted from criminal conduct
    - c. Regarding criminal conduct at our office or at the individual's residence during treatment
    - d. In response to a warrant, summons, court order, subpoena or similar legal process
    - e. To identify/locate a suspect, material witness, fugitive or missing person
    - f. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
  5. Deceased Patients. Our practice may release IHI if requested by a government official.
  6. Research. Our practice may use and disclose your IHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your IHI is being used only for the research and (iii) the researcher will not remove any of your IHI from our practice; or (c) the IHI sought by the researcher only relates to decedents and the researchers agree either orally or in writing that the use or disclosure is necessary for the research and if we request it, to provide us with proof of death prior to access to the IHI of the decedents.
  7. Serious Threats to Health or Safety. Our practice may use and disclose your IHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to a person or organization able to help prevent threat.
  8. Military. Our practice may disclose you IHI if you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
  9. National Security. Our practice may disclose you IHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
  10. Inmates. Our practice may disclose your IHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals
  11. Workers' Compensations. Our practice may release IHI for workers' compensation and similar programs.
  12. Parent or legal guardian or other disclosed person. We may disclose information to any other parent or legal guardian of client, or to the persons who you are specifically designating to receive this information:
  13. Any other person or organization who you may authorize us to provide information to, if that authorization is in writing and is dated and signed by you.
  14. Your primary care and/or your referring specialist.

The following categories describe the different ways in which we may use and disclose your IHI

1. Treatment. Our practice may use your IHI to treat you. For example, we may ask you to have additional tests such as MRI, and we may use the results to help us develop a treatment plan. We might use your IHI in order to write an evaluation or we may disclose your IHI to an Occupational Therapist (OT), Speech Language Pathologist (SLP), or Physical Therapist (PT) if requested. Additionally, we may disclose your IHI to others who may assist in your care, such as your spouse, children or parents.

2. **Payment.** Our practice may use and disclose your IIIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIIHI to bill you directly for services and items.
3. **Health Business Operations.** Our practice may use and disclose your IIIHI to operate our business. As examples of the ways we may use and disclose your information for our operations, our practice may use your IIIHI to evaluate the quality of care received from us, or to conduct cost-management and planning activities for our practice.
4. **Appointment Reminders.** Our practice may use or disclose IIIHI to contact you and remind you of appointment.
5. **Health-Related benefits and Services.** Our practice may use and disclose your IIIHI to inform you of health-related benefits or services that may be of interest to you.
6. **Release of Information to Family/Friends.** Our practice may, upon a written release, provide your IIIHI to an authorized friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter be with the child during treatment. In this example, the babysitter, with signed consent, may have limited access to this child's information.
7. **Disclosures Required By Law.** Our practice will use and disclose your IIIHI when we are required to do so by federal, state or local law.

#### E. YOUR RIGHTS REGARDING YOUR IIIHI

You have the following rights regarding the IIIHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Mainstay Music Therapy, Inc. 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIIHI for treatment, payment or care operations. Additionally, you have the right to request that we restrict our disclosure of your IIIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIIHI, you must make your request in writing to Mainstay Music Therapy, Inc. 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825. Your request must describe in a clear and concise fashion: The information you wish restricted: Whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Mainstay Music Therapy, Inc. 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825 in order to inspect and/or obtain a copy of your IIIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Upon receipt of this written request, Mainstay Music Therapy, Inc. has 5 business days to comply with your request.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request in writing and submitted to Mainstay Music Therapy, Inc. 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825. You must provide us

with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIIHI kept by or for the practice; (c) not part of the IIIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain nonroutine disclosures our practice has made of your IIIHI for non-treatment or operations purposes. Use of your IIIHI as part of the routine patient care in our practice is not required to be documented. For example, a music therapist sharing information with another contracted music therapist in the practice; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing Mainstay Music Therapy, Inc. 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before November 1st, 2006. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice or privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Mainstay Music Therapy, Inc. 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825
7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Mainstay Music Therapy, Inc. 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice of our health information privacy policies, please contact Mainstay Music Therapy, Inc. at 1910 St. Joe Center Road, Unit 64, Fort Wayne IN 46825

**Effective Date of this notice: January 1, 2020**