



Levamentum, LLC
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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read this carefully. Protecting patient privacy is an important legal and ethical obligation. Adela Hruby/Levamentum, LLC (“we”) are deeply committed to protecting our patients’ right to privacy and safeguarding patient information.

OUR RESPONSIBILITIES

We are required by law to provide you with this Notice of Privacy Practices. This Notice describes how we will use your Protected Health Information (PHI) and disclose or share it with others. We must abide by the terms of this Notice and will make the new Notice provisions effective for all PHI that it maintains. We will provide you with a copy of any changes to this Notice.

We are required to maintain the privacy of your PHI. This includes information that is collected during the course of your treatment, such as your symptoms, test results, diagnoses, treatment, and plans for future care. Information about care that you have received or receive from other providers may also be included in your record. PHI also includes demographic information and payment information.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following are examples of the types of uses and disclosures of your PHI that we are legally permitted to make.

1. Uses and Disclosures of PHI for Treatment, Payment, and Healthcare Operations

We may use and disclose your PHI to treat and care for you in the following ways:

Treatment: We may use your PHI to provide and manage your healthcare. If

we refer you for other treatment, such as emergency psychiatric treatment, we will provide that healthcare provider with the necessary information to diagnose or treat you. In addition, we may share your PHI with other healthcare providers who may consult with us about your care. We believe this is critical to provide you the very best in healthcare, and is necessary given the complexities of various mental illnesses and issues.

Payment: If you are choosing to use your health insurance for reimbursement for mental healthcare or another provider, we may use and disclose your PHI as needed to obtain payment for healthcare services. We may disclose information to your insurance company to make sure your treatment is approved, to verify eligibility or coverage for insurance benefits, and to permit the payer to review services provided to you for medical necessity.

Healthcare Operations: We may use or disclose your PHI in order to conduct business and/or to improve the quality and cost effectiveness of the care we deliver to you, such as confidential supervision with other mental healthcare providers.

2. Other Permitted and Required Uses and Disclosures of PHI That May Be Made Without Your Authorization

In addition to treatment, payment, and healthcare operations, there are other circumstances in which we are permitted or required to disclose your PHI, in accordance with applicable law.

Involvement of Others in Your Healthcare: We will make an effort to ask you if we may share relevant PHI about you with family members or any other person you identify. If you are not present, unable to communicate, or in an emergency situation, we may exercise our professional judgment to determine whether to share this information.

Victims of Abuse, Neglect, or Domestic Violence: We are mandated reporters in the state of Massachusetts. We are required by law to report any information we have about a child, an elderly person, or a disabled person being abused or neglected by a caregiver or anyone else.

Health Oversight: We may be required to disclose PHI to a health oversight agency for audits, investigations, inspections, and other health oversight

activities.

Legal Proceedings: We may be required to disclose PHI in the course of any judicial or administrative proceeding in response to a legal order or other lawful process, including a subpoena. We will consult an attorney or our professional organization to seek advice on ways to protect your confidential information.

Law Enforcement: We may be required to disclose PHI for law enforcement purposes.

Threat to Health or Safety: We may be required to use or disclose PHI to prevent or lessen a serious threat to a person's or the public's health or safety. If you are in danger of hurting yourself or others, we would disclose your PHI to emergency teams or facilities including potential notification of your family.

Food and Drug Administration: We may disclose to the FDA your PHI if it is relative to adverse events with respect to food, supplements, product and product defects to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to only call you on your cell phone, or to not leave messages on your answering machine.

You have the right to ask us to limit what we tell certain individuals involved in your care or the payment of your care, such as a family member or an insurance company. We do not have to agree or comply with the request if it is against the law, or in an emergency, or when the information is necessary to treat you.

You have the right to look at the PHI we have about you, such as your medical and billing records. You can even get a copy of these records, but you may be charged a copying fee.

You have the right to amend the information in your file if you believe the information is incorrect or incomplete. You have to make this request in writing, and tell us the reasons you want to make the changes.

You have a right to a copy of this notice. If we change this form, it will be posted in our office and on our website, and you will receive a copy.

You have a right to file a complaint if you believe your privacy rights have been violated. All complaints must be in writing. Filing a complaint will not change the healthcare we provide you in any way.

You have a right to revoke this authorization to use or disclose your PHI except to the extent that action has already been taken. You must request in writing to revoke that authorization. We will refuse to continue to treat an individual that revokes his/her/their authorization.

If you have any questions regarding this notice or our health information privacy policies, please feel free to discuss them with us.

The effective date of this Notice is August 5, 2022.

CONSENT TO USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION

This form is an agreement between me, _____
and Adela Hruby/Levamentum, LLC.

I have read this Notice of Privacy Practices. I have been able to ask questions about how Adela Hruby/Levamentum, LLC will use and disclose my protected health information to carry out treatment, payment, or healthcare operations for purposes that are permitted or required by law. I have also read and understand my rights with regard to my health information.

Client signature

Date