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Licensed Mental Health Counselor

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Notice of Privacy Practices

*Your health record contains personal information about you and your health. State and Federal laws safeguard the confidentiality of your **Protected Health Information or PHI**. Your PHI consists of information that may identify you, including demographic data and that relates to your past, present or future physical or mental health or condition and related health care services.*

Federal legislation known as HIPPA directs me to provide you with this notice informing you of my privacy practices and legal obligations, as well as your rights concerning your PHI. I am required to abide by the terms of this Notice of Privacy Practices, including prompt notification to you if a breach occurs that may have compromised the privacy and security of your PHI. Note: I never market or sell personal information.

Ensuring the confidentiality of your health information is very important to me. If you have any questions about this notice or wish to receive additional copies, please notify me.

As a counselor in private practice, I serve as my own Privacy Officer and reserve the right to amend or revise this Notice at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice by sending you a copy in the mail upon your request or providing one to you at your next appointment. You can also view my Notice of Privacy Practices posted in the office.

Your Rights Regarding Your PHI

Right of Access to Inspect and Copy. You have the right, which may be restricted in limited circumstances, to inspect and copy PHI that may be used to make decisions about your care. I charge a fee for copies and for record reviews. Please schedule one or two appointments for this purpose. My session fee applies and insurance does not cover this cost.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.

Right to an Accounting of Disclosures. You have a right to request an accounting of both paper and electronic disclosures that I have made of your PHI.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or health care operations. I am not required to agree to your request. If you are paying out-of-pocket for services, you can restrict health information from disclosure to your insurance provider.

Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.

Right to Choose Someone to Act on Your Behalf. If you have a Power of Attorney or Legal Guardian, that person can exercise your rights and make choices for your health care information.

Right to a Copy of this Notice. You have a right to a paper and an electronic copy of this notice.

Right of Complaint. You have a right to file a complaint in writing with me and to contact the Office of Civil Rights (OCR) if you believe I have violated your privacy rights.

Updated 9/13

Notice of Privacy Practices-Continued

Permissible Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations.

Treatment: Your PHI may be used and disclosed by me for the purpose of providing, coordinating or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care services.

Payment: I may use or disclose PHI so that services you receive are appropriately billed to and payment is collected from, your health plan. I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.

Health Care Operations: I may use or disclose PHI in order to support the business activities, training programs, accreditation, certification, licensing or credentialing activities.

Other Uses and Disclosures that Do Not Require Your Authorization or Opportunity to Object:

Required by Law. I may use or disclose your PHI to the extent necessary that the use or disclosure is required by law, and limited to the relevant requirements of the law. Examples are public health reports and law enforcement reports. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight. I may disclose PHI to a health oversight agency for activities authorized by law, such as professional licensure. Oversight agencies include government agencies and organizations that provide financial assistance to me (e.g., third party payers).

Abuse or Neglect. I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, the information I disclose is limited to only that information which is necessary to make the initial mandated report. I may also disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Threat to Health or Safety. I may disclose PHI when necessary to prevent a serious threat to your health and safety to the public or another person.

Criminal Activity on My Business Premises or Against Me. I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me or my staff and colleagues.

Compulsory Process. I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will disclose your PHI if you and I have each been notified in writing at least 14 days in advance of a subpoena or other legal demand, and no protective order has been obtained and I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.

Uses and Disclosures of PHI with Written Authorization:

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization in writing at any time unless I have already taken an action in reliance on the authorization of the use or disclosure you permitted, such as providing you with healthcare services for which I must submit subsequent claims for payment.

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