

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective: May 1<sup>st</sup>, 2016

Please know that I take the confidentiality of your information very seriously and will only release information when necessary and in accordance with state and federal laws, as well as in accordance with the ethics of the counseling profession. This document is intended to outline for you my policies related to the use and disclosure of that healthcare information. You will find below and outline of the potential ways your protected health information may be used for the purposes of my providing you service.

**Use and disclosure of protected health information for the purposes of providing services.** Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes.

### **Treatment**

There may be times that it is necessary for me disclose health information in order to better serve you. There are times when our work together needs to be coordinated with the care being provided to you by other healthcare workers (medical doctors, other mental health providers, etc.). Before sharing your information with other healthcare providers, I will always ask your permission first and acquire a signed release of information form from you. In addition to the coordination of your services, I also seek consultation and supervision at times when I feel it will help me to better serve my clients. Such consultations are done with as much discretion and protection of your confidentiality as possible. Finally, there are times it may be useful to provide basic information to other healthcare providers if/when referring you to them. This would help to ensure that the referral is most appropriate for your needs.

### **Payment**

There can be times that it is necessary for health care providers to disclose health information for the sake of collecting fees. Because our work together is specific to improving your relationship, I do not work with insurance companies (who require a mental health diagnosis for an individual in order to reimburse for services). This means that I will not be sharing your health related information with any insurance companies. Sometimes a referring organization (such as a church) may agree to financially assist a client couple by paying for part of the services I provide. In such a case it may be necessary for me to acknowledge our work together (but not any specific information shared in our work together) in order to receive payment for these services.

### **Healthcare Operations**

At times it is necessary for health care providers to disclose health information for the sake of complying with the standards of professional bodies. Reviews of treatment procedures or business activities, certification and licensure activities, and/or trainings reflect potential processes in which information may need to be shared. In such processes I make every effort to minimize information shared to protect your confidentiality.

### **Other Uses and Disclosures Without Your Consent**

There are times that I am legally mandated to report information I may gain to authorities, and which supersede confidentiality. These include: 1) When there is the danger of harm to self or another (including the contagion of life-threatening diseases), 2) if there is suspected child or elderly abuse or neglect, 3) if a court orders the release of confidential information, 4) if the Department of Social Services (DSS) is involved and requires information, 5) when the parent of a minor child requests information. In addition, information may be released in the case of emergencies, or appointment scheduling.

## Client Rights

### Right to request where I contact you:

Please circle the appropriate answers

<b>Cell:</b> Yes / No	<b>Phone number:</b> _____	<b>Can I leave a message?:</b> Yes / No
<b>Home:</b> Yes / No	<b>Phone number:</b> _____	<b>Can I leave a message?:</b> Yes / No
<b>Work:</b> Yes / No	<b>Phone number:</b> _____	<b>Can I leave a message?:</b> Yes / No

If not any of the above, how may I contact you? \_\_\_\_\_

### Right to release your medical records

You can provide written authorization to me or other healthcare providers to release records to others. This would likely be in the form of a "release of information" form, as previously discussed. If you have provided a release of information to me or any other healthcare provider, you reserve the right to revoke this release of information in writing at any time and for any reason.

### Right to inspect and copy your medical billing records

You have the right to inspect and copy medical and/or billing records. However, since I am not working with insurance companies, such records may not be relevant to our work together. It should also be noted that psychotherapy and counseling notes are considered separately from medical and billing records. As a therapist, I can deny a request to view or copy my notes on our work together. If copies of records are provided, there may be reasonable charges for the costs of copying and mailing these records.

### Right to add information or amend your medical records

In the case that you believe medical and/or billing records are incomplete or inaccurate, you have the right to request in writing that these records be amended. Again, since I am not working with insurance companies, such records may not be relevant to our work together. However, in the case that they are relevant, I am required to consider your request and provide a response to you. If I were to deny your request, you have the right to file a disagreement statement which would become a part of your official records.

### Right to Accounting of disclosures

You have a right to request an account of the disclosures made regarding your health information. However, disclosures made for treatment, payment, or health care operations are not required to be recorded. Likewise, in instances where you have signed a release of information such disclosures do not require record. Finally, if such disclosures are regarding national security or law enforcement, they are also exempt from requirements to record.

### Right to request restrictions on uses and disclosures of your healthcare information

You have the right to request such restrictions on the use and disclosure of your healthcare information in writing. However, I am not required to comply with these requests.

### Right to complain

If you believe that I have misused any of your health information you have the right to voice your concerns. I request that you come to me first. If you are not satisfied with my response to your concerns, you have the right to go to the U.S. Department of Health and Human Services. If you choose these actions, there will be no retaliation from me.

### Right to receive changes in policy

You may request any future changes to policies regarding your health information. These requests can be made to me, as I fulfill the role of privacy officer for this practice.