

## **HIPAA Notice of Privacy Practices and Client Rights**

**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. All information describing your mental health treatment is personal, and I am committed to protecting the privacy of what you disclose. I only release information in accordance with state and federal laws and the ethics of the counseling profession.**

### **How I Use and Disclose Your Personal Health Information**

I protect your personal health information from inappropriate use and disclosure. Your information is obtained in the course of providing services to you and is related to your medical records, psychotherapy visits, and payment information. It is likely to include your history, reasons you came for psychotherapy, diagnoses, progress notes I make (but not psychotherapy notes I may choose to make (recording dreams, fantasies, theme, etc. for my own use), records I get from others who worked or work with you or evaluate you, and billing and insurance information. I will not disclose any personal health information without your written authorization, unless such disclosure is permitted or required by law.

The law permits me to disclose your health information without a signed authorization from you when I am using it to provide you with your mental health care. For example, I use your clinical information to plan your care, to decide how well your psychotherapy is working, when I talk with other professionals who are also treating you, for teaching and training other psychotherapy professionals, and for mental health research.

### **Use and disclosure of protected health information (PHI) 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:** to provide, manage, or coordinate care with other health care providers, consultants, and referral sources.

**PAYMENT:** to verify insurance and coverage; to process claims and collect fees

### **HEALTHCARE OPERATIONS:**

Health information may be used and disclosed to carry out health care operations, which includes using your health information to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send. Information may be disclosed to a law enforcement agency to respond to a subpoena, to help identify or locate a suspect or missing person, or to provide information about a victim of a crime. Information may also be shared for certain types of public health efforts involving communicable diseases. In addition, information may be disclosed to the appropriate governmental authorities to avoid a serious threat to your health and safety or that of another person or the public, or when there is reason to suspect neglect, abuse or domestic violence. Information will also be shared about a deceased person when necessary with coroners, medical examiners, funeral directors or with organizations involved with organ, eye or tissue donations.

**To individuals involved in your care.** Your health information may be disclosed to a family member, other relative or close personal friend assisting you in receiving or obtaining payment for health care

services. I will disclose your health information to these individuals only if you tell me to do this or if I can reasonably infer that you do not object. I may also disclose your health information to disaster relief organizations such as the Red Cross to assist your family members or friends in locating you or learning about your general condition in the event of a disaster.

**Appointments, Information or Services.** I may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you. I may also use or disclose your health information for judicial or administrative proceedings, for specialized government functions, for workers' compensation or similar purposes. If you want me to call or write to you only at your home or your work or prefer some other way to reach you, I can usually arrange that. Just tell me.

**Business Associates.** There are some tasks I may hire other businesses to do for me. Examples include a copy service used to make copies of your health records, and a bookkeeper. These business associates need to receive some of your health information to do their jobs properly. To protect your privacy, they agree in their contract with me to safeguard your information.

#### **OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT**

- Mandated reporting
- Emergencies
- Appointment scheduling
- Treatment alternatives
- As required by law

The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission.

Exceptions include:

-Suspected child abuse or dependent adult or elder abuse, for which I am required by law to report this to the appropriate authorities immediately.

-If a client is threatening serious bodily harm to another person/s, I must notify the police and inform the intended victim.

-If a client intends to harm himself or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I will take further measures without their permission that are provided to me by law in order to ensure their safety.

#### **Your Rights Regarding Your Health Information**

**Right to Inspect and Copy.** You have the right to inspect or request a copy of personal health information about you that I maintain and that I may use in making decisions about your care. Your request should describe the information you want to review. In limited circumstances, you may not be able to review or copy certain information. These include psychotherapy notes, or information collected in anticipation of a claim or legal proceeding. If I determine that reviewing your records may cause substantial and identifiable harm to you or others or would have a detrimental effect on your treatment, on our professional relationship, or on your relationship with parents, guardians, spouses, or children, I may deny access to your records. A patient over the age of twelve may be notified of any request by a qualified person to review his or her record, and if the patient objects to the disclosure, I may deny the request for access. I may charge you a reasonable fee for copying.

**Right to Request Amendments.** You have the right to request changes to any health information I maintain about you if you state a reason why this information is incorrect or incomplete. I may not

agree to make the changes you request. If I do not believe the changes you requested are appropriate, I will notify you in writing how you can have your objection to my decision included in my records.

**Right to an Accounting of Disclosures.** You have the right to receive a list of disclosures of your health information that have been made by me. The list will not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you want this list, which can be no longer than six years and may not include dates prior to April 14, 2003. The first time you ask for a list of disclosures in any 12-month period, I will provide it for free. If you request additional lists during a 12-month period, I may charge you a fee to cover our costs in providing the additional lists.

**Right to Request Restrictions.** You have the right to request restrictions on the ways in which I use and disclose your health information for treatment, payment and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. I may not agree to the restrictions you request.

**Right to Request Confidential Communications.** You have the right to ask me to send health information to you in a different way or at a different location if you believe that you may be endangered by my ordinary form of communication. You must state in your request that you believe you will be endangered by my ordinary form of communication but you do not have to explain why you believe this is the case. You may ask me to send health information to you in a different way or at a different location. Your request should also specify where and/or how I should contact you. We will accommodate all reasonable requests.

**Right to Paper Copy of Notice.** You have the right to receive a paper copy of this Notice of Privacy Practices at any time.

This version of HIPAA practices effective September 23, 2013

#### **Notice of Privacy Practices Receipt**

I acknowledge that I was provided with the Notice of Privacy Practices of Susan Dean Landry, MCP, NCC, LPC (Licensed Professional Counselor). I authorize the release of my confidential protected health information, as described above. I understand that this authorization is voluntary, that the information is protected by law, and the use/disclosure is to be made to conform to my directions. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient unless the recipient is covered by state laws that limit the use and/or disclosure of my confidential protected health information.

Signature of Client: \_\_\_\_\_

Signature of Guardian (if client is under age 18) \_\_\_\_\_

Date: \_\_\_\_\_