

# HIPAA Notice of Privacy Practices

Serena Rockingster, MS, CMHC

The Counseling Collective

1 Mill Street, Unit 312, Burlington, VT 05401

(802) 391-0136

## EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 1, 2022.

## NOTICE OF PRIVACY PRACTICES

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

### I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose your health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

1. For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's treatment, for payment, or for other health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, supervision group consultations with my supervisor and fellow supervisees, individual supervision with my supervisor, and referrals of a patient for health care from one health care provider to another.

2. Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. THE FOLLOWING USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Records: I am required by law to keep records of my clinical work with clients. In a group setting, I will keep an individual record for each member of the group. These records will stay with me in a locked file cabinet as well as on the practice management system, Simple Practice, as my clinical practice records. The records of adult clients are kept for a period of seven years after the last date of service and the records of minors are kept seven years after their 18th birthday; at which time the records will be destroyed.
  - a. In judicial proceedings, you have the right to prevent me from releasing your records or providing any information about your treatment. In some instances, a judge may require my testimony or release of your records. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.
2. Access to Your PHI: Only you or your legal representative (such as the parent of a minor, guardian, etc.) may have access to your mental health records, and you must complete an Authorization To Exchange Health Information form before receiving a copy of your records or sharing a copy with another provider. It is your responsibility to pick up your copy at my office or request they be mailed.

- a. Use of Diagnosis: All health insurance companies will require that a diagnosis of a mental health condition be made. I will work with you to ensure an appropriate diagnosis is made before submitting the diagnosis to your health insurance company.
3. Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
4. Sale of PHI: As a psychotherapist, I will not sell your PHI in the regular course of my business.

#### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or vulnerable adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition. Dissemination of your name within these research entities shall not occur without your consent.
8. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
  - a. If you are involved in certain kinds of litigation, including worker's compensation, and inform the court of the services you have received from me, you may be waiving your right to have your records remain confidential. This would need to be clarified with your attorney.
9. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
10. In the event I am incapacitated, The Counseling Collective is responsible for my records.

## V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. If you are a minor, your parent(s) or guardian(s)/caretaker(s) will be informed of your progress, if they ask. However, I will not reveal specific details of our conversations without your permission, unless I determine that your safety is at risk.

Note: Information I share with your caregiver(s) shall not be "kept a secret" from you. I will represent transparency of what your caregiver(s) and I discuss in our communications.

## VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Under certain circumstances, your request may be denied, but you may be able to have this decision reviewed.
2. The Right to Request to Inspect, Obtain a Copy of, or Amend Information About Yourself in my mental health or billing records. Under certain circumstances, your request may be denied, but you may be able to have this decision reviewed.
3. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
4. The Right to Choose How I Send PHI to You. You have the right to request to receive confidential communication by alternative means and at alternative locations, and I will agree to all reasonable requests. For example, you could request that bills/statements be sent to a different address if you don't want a household member to know about them.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request within 12 months, I will charge you a reasonable cost-based fee for each additional request.
6. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to a paper copy of this notice and requests for a copy will be promptly fulfilled.

If you have questions or concerns about this notice and/or your privacy rights, please discuss them with me. You can also send a written complaint to the Secretary of the United States Department of Health and Human Services.

After you have signed this consent, you have the right to revoke it. Withdrawal of your consent in writing will terminate use and sharing of your information from that point on, and will not effect when your PHI was used or shared in the past. Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.