

NOTICE OF HEALTH INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, AND SIGN INDICATING THAT YOU HAVE READ AND UNDERSTAND THE NOTICE.

Understanding Your Health Record/Information

Each time you visit, a record of your visit is made. Typically, this record contains your symptoms, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communicating among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of information for public officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcome we achieve

Understanding what is in your health record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Privacy Rules (PR) specify that you have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by PR 164.522
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record as provided for in PR 164.524
- Amend your health record as provided in PR 164.528
- Obtain an accounting of disclosures of your health information as provided in PR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

PLEASE NOTE: The Final HIPPA Privacy Rule defines psychotherapy notes as an official record, created for use by the mental health professional for treatment, "recorded in any medium...documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session that are separate from the rest of the individual's medical record..." 45 C.F.R. 164.501 (65 Fed. Reg. at 82805) (emphasis added). According to the American Psychological Association (APA), "This kind of information is not typically needed by anyone other than the treating [Mental Health Professional] to care for the patient, and is not needed for payment or health-care operations." Therefore, "...these notes about communication in psychotherapy, when kept separately from the rest of the record and not disclosed to anyone, would remain private under the Rule."

-taken from Psychotherapy Notes Provision of HIPPA Privacy Rule; APA Doc. Ref. No. 200201

Our Responsibilities:

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information, or to Report a Concern:

If you have questions and would like additional information, you may contact the Manager, Caitlin McDonald at 321-541-0252.

If you believe your privacy rights have been violated, you can file a complaint with the Managing Member of McDonald Counseling, LLC. There will not be retaliation for filing a complaint.

Examples of Disclosure for Treatment, Payment and Health Operations

• We will use your health information for treatment. For example: Information obtained by your mental health counselor will be recorded in your record and used to determine the course of treatment that should work best for you. Your counselor will document in your record his/her expectations of your treatment.

• We will use your health information for payment. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis.

• We will use your health information for regular health operations. For example: Members of the counseling staff may use information in your health records to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the counseling services we provide.

Other Uses and Disclosures

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: Counselors in best judgment may disclose to a family member, or other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Workers' Compensation: We may disclose health information 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.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

There are specific exceptions to confidentiality as provided in state and federal law, where a counselor can release information without your consent. These exceptions include possible threat of harm to self, harm to others, child abuse and neglect situations, aging adult abuse and neglect.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

