

## NOTICE OF PRIVACY PRACTICES



**As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

This notice describes how medical information about you may be used and disclosed; and how you can get access to this information.

### **PLEASE REVIEW THIS NOTICE CAREFULLY**

**Your health record contains personal information about you and your health. This information, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as *Protected Health Information* (PHI).**

**This Notice of Privacy Practices describes how we--The Counseling Room LLC--may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA). It also describes your rights regarding how you may gain access to and control your PHI.**

**The Counseling Room LLC is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We are required to abide by the terms of this Notice of Privacy Practices. A copy of the business's Notice of Privacy Practices will be provided to you via email and/or in-person during the intake process.**

**We also reserve the right to change the terms of this Notice at any time. Any new Notice of Privacy Practices will be effective immediately for all PHI we maintain at the time of the amendment(s). A copy of the business's revised Notice of Privacy Practices will be provided to you via email and/or in-person during your next appointment.**

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment** Your PHI may be used and disclosed by those involved in your care (e.g., counselor) for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are deciding

Not to be altered in any way or adapted as your own without written permission from The Counseling Room LLC

eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for the purposes of collection.

**For Health Care Operations** We may use or disclose, as needed, your PHI to support business related activities of The Counseling Room LLC. These activities include, but are not limited to, quality assessments, employee reviews, and licensing. For example, we may share your PHI with third parties that perform various business-related activities (e.g., billing or typing services) provided we have a written contract with the third parties that require them to safeguard the privacy of your PHI. In the case of training or teaching purposes, PHI will be disclosed only with your authorizations.

**As Required by Law** Under the law, we must disclose your PHI to you upon request. In addition, we must make disclosures to the Secretary of the U.S. Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**For Research** PHI may only be disclosed after a special approval process or with your authorization.

**With Verbal Permission** We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**To Conduct Business with Associated Companies** When we conduct business with associate companies, such as an answering service or delivery service, the companies are given only enough information to provide services to you. No medical/mental health information is shared.

### **DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION**

Following is a list of situational categories in which PHI uses and disclosures are permitted by HIPPA without your authorization:

1. **Child or Elder Abuse or Neglect:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child or elderly abuse or neglect.
2. **Judicial and Administrative Proceedings:** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order, or similar process.
3. **Deceased Patients:** We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as the next-of-kin. PHI of persons that have been deceased for than fifty (50) years is not protected under HIPPA.
4. **Medical Emergencies:** We may use or disclose your PHI in situations deemed as a medical emergency to medical personnel only to prevent serious harm.

5. **Family Involvement in Care:** We may disclose information to close family members or friends directly involved in your treatment based on your prior consent or as necessary to prevent serious harm.
6. **Health Oversight:** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
7. **Law Enforcement:** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order, or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
8. **Specialized Government Functions:** We may review requests for your PHI from U.S. military command authorities (if you have served as a member of the armed forces), authorized officials for national security, and the Department of State for medical suitability determinations. After reviewing the requests, we may then disclose your PHI based on your written consent, mandatory disclosure laws, and/or the need to prevent serious harm.
9. **Public Health:** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. If directed by that public health authority, we may also use or disclose your PHI to a government agency that is collaborating with the public health authority.
10. **Public Safety:** If necessary, we may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The PHI will be disclosed only to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

### **YOUR RIGHTS REGARDING YOUR PHI**

Below are your rights regarding the PHI we maintain about you:

1. **Right of Access to Inspect and Copy** You have the right to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental/medical and billing records and any other records that are used to make decisions about your treatment. You may also request that a copy of your PHI be provided to another person.

Your right to inspect and copy PHI will be restricted only in situations where there is compelling evidence that access would cause serious harm to you.

By law, information contained in the separately maintained psychotherapy notes is not permitted to be inspected and copied by you nor anyone else.

2. **Right to Amend** If you feel the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. However, we are not required by law to agree to the requested amendment(s). If

your request for an amendment is denied, you have the right to file a statement of disagreement with The Counseling Room LLC. We may then prepare a rebuttal to your statement and will provide you with a copy of the rebuttal statement. Please contact the business's Chief Executive Officer if you have any questions.

3. **Right to an Accounting of Disclosures** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
4. **Right to Request Restrictions** You have the right to request a restriction or limitation of the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The Counseling Room LLC is not required to agree to all the restrictions that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your PHI will not be restricted. You then have the right to use another healthcare professional.

5. **Right to Request Confidential Communication** You have the right to request that we communicate with you about health matters in a certain manner (electronic, paper, or in person) at a certain location. We will not ask you for an explanation of why you are making the requests and will accommodate reasonable requests as best as possible. We may require information regarding how payment will be handled or specification of an alternative address or method of contact as a condition for accommodating your request.
6. **Right to Receive Breach Notification** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
7. **Right to a Copy of this Notice** You have the right to a copy of this Notice and any changes made to it.

To exercise any of the above rights, please submit your request in writing to The Counseling Room LLC at [info@thecounselingroomllc.com](mailto:info@thecounselingroomllc.com)

**COMPLAINTS** If you believe we violated your privacy rights, you have the right to file a complaint in writing to The Counseling Room LLC at [info@thecounselingroomllc.com](mailto:info@thecounselingroomllc.com) or by telephone at 305-316-2059. Complaints can also be filed with the Secretary of the U.S. Department of Health and Human Services in writing at 200

Independence Avenue S.W. Washington, D.C. 20201 or by telephone at 1-877-696-6775. **The Counseling Room LLC will not retaliate against you for filing a complaint.**