

## NOTICE OF PRIVACY PRACTICES

**This notice explains how Protected Health Information (PHI) about you can be created, shared, protected and maintained.** You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required or permitted by law. **If the practices described in this notice meet your expectations, there is nothing that you need to do.**

### WHAT IS MY PROTECTED HEALTH INFORMATION (PHI)?

PHI is any information from the past, present, or future about your mental or physical health or condition that is spoken, written, or electronically recorded, and is created by or given to anyone providing care to you, such as, a health plan, a public health authority, your employer, your insurance company, your school or university, or anyone who processes health information about you.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal and protecting it is important. We create a record of the care and services that you receive. We 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 your counselor, whether made by health care professionals or other personnel.

#### We are required by law to:

- Maintain the privacy of protected health information as required by law;
- Keep medical records that identify private information about you;
- Give you this notice of our legal duties & practices with respect to your medical information; &
- Follow the terms of the notice that is currently in effect; &
- Notify you of any changes to this Notice by posting changes at our office and providing you a written copy upon request. This Notice is effective April 1, 2012.

### WHO WILL FOLLOW THIS NOTICE?

- Your counselor
- Any health care professional authorized to enter information into your medical record.
- Any staff and contractors of your counselor that will help you as a client.

### WHAT RIGHTS DO I HAVE ABOUT MY PROTECTED HEALTH INFORMATION?

#### You have the right to:

- Authorize the sharing of your PHI for third party payment and/or to coordinate care with others relevant to your treatment.
- See & copy your PHI. Documents received from another entity cannot be re-released.
- Request that we amend or change your PHI.
- Restrict certain uses and disclosures of your PHI. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.
- Obtain a copy of a record of the disclosures of your PHI that we make.

Time or costs associated with review of your PHI or to copy or mail records will be charged to you at the fee indicated in the consent to treatment document you signed.

### AUTHORIZATION

#### How will my health information be used? (TPO: Treatment, Payment & Healthcare Operations)

- Treatment: Your counselor may share information about your health with other treatment specialists so that you can receive the most appropriate treatment.
- Payment: We may share your health information about when and for what purpose you were seen, so that we

may be paid by a third party, such as an insurance company, for treating you.

- **Operations:** Your health information may be used as necessary to support day-to-day activities and management of this psychotherapy practice, including scheduling, billing and other functions.

### **Can I revoke my authorization?**

Yes. You must revoke your authorization in writing and bring it to us so that we can stop sharing your PHI. We are permitted to share your Protected Health Information until we receive your revocation in writing.

### **Are there circumstances when my information can be shared without my consent or authorization?**

Yes. Your Protected Health Information can be shared without your prior consent or authorization:

- In an emergency so long as consent is obtained as soon as possible;
- When required by law according to specific requirements:

For public health activities | To protect victims of abuse, neglect, or domestic violence | For health oversight activities | For judicial and administrative proceedings | For law enforcement purposes | To a coroner/medical examiner | To a funeral director | For organ/eye/tissue donation | For research purposes | To avert serious threats to health or safety | To facilitate specialized government functions | To correctional institutions for specific reasons | For Workers Compensation | To facilitate eligibility determinations or enrollment into public benefit programs | If there are substantial communication barriers & it is reasonable to believe that you are giving your consent or authorization.

### **What about information related to diagnosis and/or treatment for alcohol and/or drug addictions?**

Federal Confidentiality Rules prohibit us from disclosing any information related to the diagnosis or the treatment for alcohol and/or drug addictions or related disorders that you may have received without your specific written permission to disclose this information. These rules also prohibit the recipient of that information from redisclosing it without your specific written permission to do so. If you have any alcohol or drug addiction or related diagnosis or treatment records, you will be asked to provide specific permission to disclose this information before we may share it with another individual, agency or entity.

### **What about any other uses of my medical information?**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information about for you the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provide to you.

### **What will you do to protect my health information?**

- We will maintain the privacy of your PHI as required by law.
- We will follow the terms of the Privacy Notice currently in effect.
- We reserve the right to change the terms of this Notice. We will notify you of changes by posting it at our office and providing you a copy upon request. This Notice became effective April 1, 2012.

### **What can I do if I have questions or want to complain about the use and disclosure of my PHI?**

Contact: Donna Sigl-Davies, MA, PCC-S  
6797 N. High St., Suite 244, Worthington, OH 43085 • (614) 505.7561 x 211

Secretary of U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Washington, D.C. 20201 • 1-877-696-6775

WE WILL NOT PENALIZE OR RETALIATE AGAINST YOU FOR COMPLAINING ABOUT THE USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION.

*Donna Sigl-Davies, MA, LPCC-S is not responsible for the misuse or re-release of your*