

HIPPA NOTICE

Policies and Practices to Protect the Privacy of Your Health Information

To All Clients: This notice describes how this office and your counselor will work to protect the privacy of your psychological and medical information. Please read it carefully, and if you have any questions, your counselor will talk with you about them. You and your counselor should sign at the end of this form to indicate you have received it and had an opportunity to discuss it with your counselor.

I. Consent for Uses and Disclosures for Treatment, Payment and Health Care Operations

Your counselor may use or disclose your Protected Health Information (PHI), for *treatment, payment and health care operations* with your *consent*. To help clarify this new law, the following definitions are important to understand:

- *PHI* refers to information in your health care record that could identify you.
- *Treatment* is when your counselor provides, coordinates or manages your healthcare; and other services related to your healthcare.
- *Payment* is when your counselor obtains reimbursement for your healthcare.
- *Health Care Operations* are activities that relate to the performance and operation of our practice.
- *Use* applies only to activities within our office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- *Disclosure* applies to activities outside of our office, such as releasing, transferring or providing access to information about you to other parties.
- *Consent* occurs when you acknowledge that you are voluntarily requesting mental health services from our office.
- *Psychotherapy Notes* are notes your counselor may make about conversation during a counseling session.

II. Uses and Disclosures Requiring Authorization

Your counselor may use or disclose PHI for purposes outside of treatment, payment or health care operations when appropriate authorization is obtained. An *authorization* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your counselor is asked for information for purposes outside of treatment, payment or health care operations, your counselor must obtain an authorization from you before releasing this information. Your counselor will also need to obtain an authorization before releasing your Psychotherapy Notes, which are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided that each revocation is in writing. You may not revoke an authorization to the extent that (1) your counselor has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The Law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent, nor Authorization.

Your counselor may use or disclose PHI without your consent or authorization if he/she is required to do so by law, or if there is a reason to believe any of the following circumstances occurred during your treatment: *Child Abuse, Adult or Domestic Abuse, or a Serious Threat to the Health or Safety of any Person, Including Yourself.*

IV. Patient's Rights and Counselor's Duties

If you wish to exercise any of your rights in the following categories, your counselor or the Privacy Officer (see Section VI) will provide you more information about each of these rights.

Right to Request Restrictions of Disclosures
Right to Receive Confidential Communications by Alternative Means and Alternative Locations
Right to Inspect and Copy Records
Right to amend your PHI
Right to an accounting of the disclosures of PHI or Psychotherapy Notes.

V. Your Counselor's Duties

- 1) Your counselor is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices.
- 2) Your counselor reserves the right to change the privacy policy and practices described in this notice. Unless your counselor notifies you of such changes however, your counselor is required to abide by the terms currently in effect.
- 3) If your counselor revises our policies and procedures, your counselor will provide you with a written notice of this revision.

VI. Questions and Complaints

- 1) You have specific rights under the Privacy Rule, and will not be penalized by your counselor or our office staff in any way by exercising your right to file a complaint. If you have questions about this notice, disagree with a decision your counselor makes about access to your records, or have other concerns about your privacy rights, you may write to: Thomas Mullens Counseling, PLLC, 675 East 16th Street, Ste. 255, Holland, MI 49423.
- 2) You may also send a written complaint to the Office of Civil Rights, Department of Health & Human Services, 200 Independence Avenue, SW, Washington D.C., 20201.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003 or the first day after you receive this notice. Your counselor reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that he/she maintains. If necessary, your counselor will inform you about the revisions to our policies by posting a written notice in the reception area of our office.

The following signatures indicate that you have received this notice and had the opportunity to discuss these matters with your counselor. I request the following restrictions of disclosures:

Signature of Counselor

Date

Signature of Client

Date