

HIPAA NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

THE LAW PROTECTS THE PRIVACY OF COMMUNICATIONS BETWEEN A CLIENT AND THERAPIST. IN MOST SITUATIONS, WE CAN ONLY RELEASE INFORMATION ABOUT YOUR TREATMENT TO OTHERS IF YOU SIGN A WRITTEN AUTHORIZATION FORM THAT MEETS CERTAIN LEGAL REQUIREMENTS IMPOSED BY HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996). THERE ARE OTHER SITUATIONS THAT REQUIRE ONLY THAT YOU PROVIDE WRITTEN ADVANCED CONSENT. YOUR SIGNATURE ON THE CONSENTS, AUTHORIZATIONS AND POLICIES FORM PROVIDES YOUR CONSENT FOR THOSE ACTIVITIES AS FOLLOWS. WE CANNOT TREAT YOU UNLESS YOU SIGN THIS FORM.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR THE PURPOSES OF PROVIDING SERVICES: PROVIDING TREATMENT SERVICES, COLLECTING PAYMENT, AND CONDUCTING HEALTHCARE OPERATIONS ARE NECESSARY ACTIVITIES FOR QUALITY CARE. STATE AND FEDERAL LAWS ALLOW US TO USE AND DISCLOSE YOUR HEALTH INFORMATION FOR THESE PURPOSES AS FOLLOWS.

TREATMENT

WE MAY USE AND DISCLOSE HEALTH INFORMATION TO

- 1. PROVIDE, MANAGE, OR COORDINATE CARE WITH YOUR PHYSICIAN OR OTHER HEALTHCARE PROVIDER WHO IS ALSO TREATING YOU; THIS INCLUDES COMMUNICATION WITHIN THE HCHC THERAPY GROUP, TO ARRANGE PAYMENT FOR SERVICES OR FOR OTHER BUSINESS ACTIVITIES, WHICH ARE CALLED, IN THE LAW, HEALTH CARE OPERATIONS.**
- 2. ENSURE THAT WE ARE PROVIDING THE HIGHEST QUALITY THERAPY, WE MAY CONSULT WITH OTHER MENTAL HEALTH PROVIDERS. DURING SUCH CONSULTATIONS, WE MAKE EVERY EFFORT TO AVOID REVEALING THE IDENTITY OF OUR CLIENT. THE OTHER PROFESSIONALS ARE LEGALLY BOUND TO KEEP THE INFORMATION CONFIDENTIAL. ALL CONSULTATIONS WILL BE NOTED IN YOUR RECORDS.**

COLLECTING PAYMENT

IF YOU WOULD LIKE TO ATTEMPT TO SEEK REIMBURSEMENT FOR THERAPY FROM YOUR HEALTH INSURANCE PROVIDER, WE WILL DISCLOSE INFORMATION TO YOUR INSURANCE PROVIDER AT YOUR REQUEST. IF YOU HAVE NOT PAID FOR SERVICES AT THE TIME OF YOUR APPOINTMENT AS REQUIRED, WE WILL SEND YOU A BILL, WHICH MAY INCLUDE INFORMATION THAT IDENTIFIES THE CLIENT.

HEALTHCARE OPERATIONS

WE MAY HAVE TO DISCLOSE HEALTH INFORMATION FOR BOTH CLINICAL AND ADMINISTRATIVE PURPOSES, SUCH AS REVIEW OF TREATMENT PROCEDURES, REVIEW OF BUSINESS ACTIVITIES, CERTIFICATION, COMPLIANCE, AND LICENSING ACTIVITIES.



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OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

WE ARE MANDATED TO REPORT THE FOLLOWING TO THE APPROPRIATE AUTHORITIES:

- 1. IF WE HAVE REASON TO BELIEVE THAT A CHILD HAS BEEN ABUSED, THE LAW REQUIRES THAT I FILE A REPORT WITH THE APPROPRIATE GOVERNMENTAL AGENCY, USUALLY THE DEPARTMENT OF CHILD AND FAMILY SERVICES. ONCE SUCH A REPORT IS FILED, WE MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION;**
- 2. IF WE HAVE REASON TO BELIEVE THAT A DISABLED ADULT OR ELDER PERSON HAS HAD A PHYSICAL INJURY OR INJURIES INFLICTED UPON THEM, OTHER THAN BY ACCIDENTAL MEANS, OR HAS BEEN NEGLECTED OR EXPLOITED, I MUST REPORT TO AN AGENCY DESIGNATED BY THE DEPARTMENT OF CHILD AND FAMILY SERVICES. ONCE SUCH A REPORT IS FILED, WE MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION;**
- 3. IF WE DETERMINE THAT A CLIENT REPRESENTS A SERIOUS DANGER OF VIOLENCE TO ANOTHER, WE MAY BE REQUIRED TO TAKE PROTECTIVE ACTIONS. THESE ACTIONS MAY INCLUDE NOTIFYING THE POTENTIAL VICTIM AND/OR CONTACTING THE POLICE, AND/OR SEEKING HOSPITALIZATION FOR THE CLIENT. IF SUCH A SITUATION ARISES, WE WILL MAKE EVERY EFFORT TO FULLY DISCUSS IT WITH YOU BEFORE TAKING ANY ACTION, AND WE WILL LIMIT MY DISCLOSURE TO WHAT IS NECESSARY;**
- 4. IF WE DETERMINE THAT YOU ARE A SERIOUS THREAT TO YOURSELF, WE MAY BE OBLIGATED TO SEEK HOSPITALIZATION FOR YOU OR TO CONTACT FAMILY MEMBERS OR OTHERS WHO CAN HELP PROVIDE PROTECTION;**
- 5. IF ORDERED BY A COURT OF LAW. IF YOU ARE INVOLVED IN A COURT PROCEEDING AND A REQUEST IS MADE FOR INFORMATION REGARDING MY PROFESSIONAL SERVICES, SUCH INFORMATION IS PROTECTED BY THE COUNSELOR-CLIENT PRIVILEGE LAW, UNLESS WE ARE ORDERED TO RELEASE IT BY THE COURT. IF YOU ARE INVOLVED IN OR CONTEMPLATING LITIGATION, YOU SHOULD CONSULT WITH YOUR ATTORNEY TO DETERMINE WHETHER A COURT WOULD BE LIKELY TO ORDER US TO DISCLOSE INFORMATION;**
- 6. IF A GOVERNMENT AGENCY IS REQUESTING INFORMATION FOR HEALTH OVERSIGHT ACTIVITIES, WE MAY BE REQUIRED TO PROVIDE IT FOR THEM;**
- 7. IF A CLIENT FILES A COMPLAINT OR LAWSUIT AGAINST US, WE MAY DISCLOSE RELEVANT INFORMATION REGARDING THE CLIENT IN ORDER TO DEFEND OURSELVES;**
- 8. IF A CLIENT FILES A WORKERS' COMPENSATION CLAIM, AND WE ARE PROVIDING TREATMENT RELATED TO THE CLAIM, WE MUST, UPON APPROPRIATE REQUEST, FURNISH COPIES OF ALL MEDICAL REPORTS AND BILLS. FORTUNATELY, THESE SITUATIONS ARE UNUSUAL IN OUR PRACTICE.**



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CLIENTS' RIGHTS

1. YOU HAVE THE RIGHT TO REQUEST WHERE WE CONTACT YOU: HOME, WORK, CELL PHONE, EMAIL, OR SOME OTHER MEANS OF YOUR CHOICE.

2. YOU HAVE THE RIGHT, BY WRITTEN AUTHORIZATION, TO RELEASE YOUR MEDICAL RECORDS TO OTHERS. YOU ALSO HAVE THE RIGHT TO REVOKE THAT RELEASE IN WRITING. REVOCATION IS NOT VALID TO THE EXTENT THAT WE HAVE ALREADY ACTED IN RELIANCE ON YOUR PREVIOUS AUTHORIZATION.

3. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST TO INSPECT AND COPY YOUR RECORDS. YOU WILL BE CHARGED \$0.10 PER PAGE FOR COPYING IN ADDITION TO ANY MAILING COSTS. WE MAY, UNDER SOME CIRCUMSTANCES, DENY THIS REQUEST.

4. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST THAT WE AMEND YOUR RECORDS. WE WILL HAVE AT LEAST 30 DAYS TO DECIDE WHETHER TO AMEND YOUR RECORDS AS YOU HAVE REQUESTED AND IN SOME INSTANCES MAY DENY YOUR REQUEST. IF YOUR REQUEST IS DENIED, YOU HAVE THE RIGHT TO FILE A DISAGREEMENT STATEMENT. YOUR DISAGREEMENT STATEMENT AND OUR RESPONSE WILL BE FILED IN THE RECORD.

5. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST FOR AN ACCOUNTING OF DISCLOSURES MADE OF YOUR HEALTH INFORMATION WITH THE FOLLOWING EXCEPTIONS: DISCLOSURE FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS; DISCLOSURES PURSUANT TO A SIGNED RELEASE; DISCLOSURES MADE TO THE CLIENT; DISCLOSURES FOR NATIONAL SECURITY OR LAW ENFORCEMENT PURPOSES.

6. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST TO RESTRICT USES AND DISCLOSURES OF YOUR HEALTHCARE INFORMATION; HOWEVER, WE ARE NOT OBLIGATED TO AGREE TO YOUR REQUEST. IF WE DO NOT AGREE TO YOUR REQUEST, YOU HAVE THE RIGHT TO NOTE A COMPLAINT: FIRST TO US AND SECONDLY TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. WE WILL NOT RETALIATE AGAINST YOU FOR SUCH COMPLAINTS.

7. YOU HAVE THE RIGHT TO RECEIVE CHANGES IN POLICIES.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR OUR HEALTH INFORMATION PRIVACY POLICIES, PLEASE CONTACT US.

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