

Stacy Smith Counseling LLC

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Privacy is a very important concern for all those who come to this office. This notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. If you have any questions or want to know more about anything in this notice, please feel free to ask for more explanations or more details.

A. What I mean by your medical information

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health conditions, the tests and treatment you got from me or from others, or about payment for health care. The information I collect from you is called "**PHI,**" which stands for "**protected health information.**" This information goes into your **medical or health care records** in my office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: After each session, I write how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated or evaluated you.
- Psychological test scores and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information
- There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received services from me, which I billed to you or to your health insurance company.
- For teaching and training other health care professionals.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information. Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy, I can make one for you. In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to amend (add information to) your records, although in some rare situations we don't have to agree to do that.

B. Privacy and the laws about privacy

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all the PHI I keep. You or anyone else can get a new copy posted on my website at www.StacySmithCounseling.com.

C. How your protected health information can be used and shared

Except in some special circumstances, when I disclose your PHI to others, I share only the **minimum necessary** PHI needed for others to do their jobs. I will request you to sign a written authorization form when I feel PHI communication is important, or when you would like me to communicate your care with others. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures with your authorization

You will have the option to sign a separate **authorization form** allowing me to use and share your PHI with designated individuals for the purpose of coordinating your treatment and collecting payment for my services. If you do allow me to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission.

For treatment. You may wish to sign an authorization form allowing me to communicate PHI to family members, or your personal physician or psychiatrist. If you receive treatment in the future from other professionals, I will also ask to share your PHI with them.

For payment: You will be asked to sign an authorization form so that I may use your information to bill you, your

insurance, or others, so I can be paid for the treatments I provide to you. I may contact your insurance company to find out exactly what your insurance covers, and may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your condition. I will need to tell them about when we met, your progress, and other similar information.

2. Uses and disclosures that ***don't*** require your consent or authorization

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this.

a. When required by law

There are some federal, state, or local laws that require me to disclose PHI:

- I have to report suspected child abuse. If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- I have to disclose some information to the government agencies that check on me to see that I am obeying the privacy laws.

b. For law enforcement purposes

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

c. For public health activities

I may disclose some of your PHI to agencies that investigate diseases or injuries.

d. Relating to decedents

I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

3. Uses and disclosures where you have an opportunity to object

If it is an emergency, and so I cannot ask if you disagree, I can share information if I believe that it is what you would

have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you do not approve, I will stop, as long as it is not against the law.

D. Your rights concerning your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if we do agree, I will honor it except when it is against the law, in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records.
4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this notice, I will post the new one on my website, and you can always get a copy from me.

E. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please feel free to ask. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, you have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or our health information privacy policies, please do not hesitate to ask.

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PRIVACY ACKNOWLEDGEMENT

I, _____, hereby acknowledge that I have received a copy of the 'Notice of Privacy Practices' to review. My signature below indicates that I fully reviewed the information, and understand how my Protected Health Information can be used and disclosed. I am aware that I can direct further questions about confidentiality to Stacy G. Smith, MS, LPC.

Client's Signature: _____ Date: _____