

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

July 8, 2013

Harmony Harbor Counseling, LLC (HHC) only releases information in accordance with state and federal laws and the ethics of the counseling profession. This notice details policies related to the use and disclosure of your 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 according to the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

**TREATMENT**

HHC may use and disclose your protected health information (PHI) to provide, manage, or coordinate your health care and other related services. For example, your PHI may be provided to a doctor for the purpose of a referral.

**PAYMENT**

HHC may use and disclose your PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. Pre-verification may be required in some instances to ensure that your health care plan will cover a service.

**HEALTHCARE OPERATIONS**

HHC may use and disclose your PHI for the purpose of reviewing treatment procedures, business activities, certifications, staff training, and compliance with licensing activities.

**CONTRACTED AGENCIES**

HHC may use and disclose your PHI for services provided through contracts with other agencies or providers, such as a medical billing assistant. Your PHI will be appropriately protected.

**AS REQUIRED BY LAW**

HHC may use and disclose your PHI when required to do so by military, federal, state, or local authorities. In emergencies, and as mandated reporters, we may use and disclose your PHI to prevent a serious threat or imminent risk to your health and safety and the safety of the public or another person.

**WITH YOUR CONSENT**

With your written authorization HHC will disclose your PHI to someone who is involved in your treatment, as requested by you. You may revoke this authorization at any time with a written request, otherwise the authorization will expire one year from the date it is signed.

**OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT**

The law requires us to disclose information without your authorization only in a limited number of circumstances. The following uses and disclosures of your PHI may occur without your authorization:

Abuse or Neglect of a Child or Vulnerable Adult: Licensed Mental Health Counselors are mandated reporters. If there are any reports of or suspicions of previously unreported physical or sexual abuse or neglect to a child (under age 18) or a vulnerable adult (i.e. disabled or elderly) or if a child or a vulnerable adult is in danger of being abused, a report will be filed as required by law to the appropriate agency.

**Court Orders:** If you are involved in any legal matters such as a lawsuit or a dispute, and those that involve court proceedings, HHC is obligated to provide the requested information and/or your clinical record or appear as subpoenaed, summoned, or the like by the court.

**Health Oversight Activities:** HHC may use and disclose your PHI for activities authorized by law for health oversight activities such as audits, investigations, inspections, and licensure.

**In Death:** HHC may release your PHI to medical examiners as authorized by the law and regarding an issue concerning a deed, will, or property. If you have advance directives (i.e. a living will, power of attorney, and health care) that pertain to your treatment, please submit a copy of them in writing to your counselor.

**Emergency Contact:** In cases of an emergency, you permit us to contact the person you identify as your emergency contact.

**Electronic Communication:** There are risks to confidentiality with any electronic modality. Please be aware that electronic communication (i.e. Skype, email, and text messaging) will only be used with your permission and primarily for administrative purposes, unless another agreement has been made, such as a Skype session while you are on vacation. These forms of communication cannot be guaranteed to be confidential although provisions to secure confidentiality (i.e. password protected documents, HIPAA secure faxing, etc.) will be taken whenever possible. Email exchanges, phone calls, and text messages with HHC should be limited to scheduling and changing appointments and billing matters. Please do not email or text about clinical matters as these are not secure ways to contact your counselor. If you need to discuss a clinical matter, please wait till you are face-to-face with your counselor.

**Consultation and/or Supervision:** In an effort to provide effective treatment, counselors often participate in consultation and/or supervision where a client's case may be discussed in order to ensure you are receiving the best care. Your confidentiality will be protected.

## CLIENT RIGHTS

**Right to Request Restrictions:** You have a right to request how we contact you. You have the right to request restrictions on certain uses and disclosures of your PHI and this request must be in writing. We will attempt to honor your request but we are not required by law to do so.

**Right to Release your Records:** You have the right to release your records to others and the right to revoke the release by writing; however, revocation is not valid on previously released authorizations.

**Right to Inspect and Copy your Records:** You have the right to inspect and/or obtain a copy of information in your file for as long as your file is maintained. A counselor may deny this request and there may be charges for copying or mailing your record.

**Right to Add or Amend Information in your Record:** You have the right to request to amend a record and we may deny this request. If denied, you have the right to file a disagreement statement, which will be filed in the record. Your amendment must be in writing.

**Right to Accounting of Disclosures:** You have the right to request an accounting of disclosures we make of your PHI in circumstances other than treatment, payment, healthcare operations, and instances of a signed release, national security, or law enforcement.

**Right to Complain:** If you believe that we have violated your privacy rights, you have the right to file a complaint and we ask that you first do so in writing to Harmony Harbor Counseling, LLC, and 2014 4<sup>th</sup> Street, Sarasota, FL 34237. If you are not satisfied, you may also send a written complaint to the U.S. Department of Health and Human Services. HHC will not retaliate against you for filing a complaint.

**Right to Receive Changes in Policy:** You have the right to request notice of any future policy changes and the right to request a privacy officer.

Please see the signature page to show that you received this form and agree with the terms. You may retain this form for your records. This form is also available on the website and can be provided whenever requested.