

I. MY PLEDGE REGARDING HEALTH INFORMATION: We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice. We will not use or share your information other than as described here unless you provide authorization to do so. You may revoke your authorization at any time.

I am required by law to:

- Make sure the protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this notice and such changes will apply to all information I have about you. The new notice will be available upon request.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

- For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the client's treatment, payment or health care operations.
- Supervision or Consultation: PHI may be disclosed to another licensed health care provider for purposes of improving services to clients. Licensed providers are also bound by confidentiality.
- Subpoena or Court Order: If you are involved in a court proceeding, I may be required to disclose health information in response to a court order or subpoena.

III. PSYCHOTHERAPY NOTES:

1. Psychotherapy Notes. As required, psychotherapy notes are written following each therapy session. Any use or disclosure of such notes requires your authorization unless the use or disclosure is: (a) For my use in defending myself in legal proceedings instituted by you. (b) For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. (c) Required by law and the use or disclosure is limited to the requirements of such law. (d) Required by law for certain health oversight activities. (e) Required by a coroner who is performing duties authorized by law. (f) Required to help avert a serious threat to the health and safety of yourself (client) and/or others.

IV.CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court, including court-appointed officials (i.e. guardian ad litem), or administrative order, although my preference is to obtain an authorization from you before doing so.
5. For law enforcement purposes, including (but not limited to) reporting crimes occurring on my premises.
6. To coroners or medical examiners when such individuals are performing duties authorized by law.
7. For research purposes.

V.THIRD PARTY PAYERS. Information will be provided to Third Party Payers only with your consent:

1. If you wish to obtain third party reimbursement for mental health services, certain information must be provided. You must decide whether to give consent for Wholehearted Counseling, P.C. to release the necessary information to an insurance company (or other third party payer) in order to receive reimbursement. This typically involves information about dates of treatment, type of treatment, and diagnosis.
2. For Managed Care Providers:
 1. If your insurance company contracts with a company to manage the mental health portion of your health care benefits, this is called managed care. Managed care companies may require you obtain a referral from your primary care physician and/or a pre-authorization. In advance, we will discuss possible limitations on the benefits available through your plan.
 2. Managed care companies may authorize a limited number of therapy sessions then require your therapist to provide additional information to substantiate further treatment. Your therapist will discuss the required information prior to sending it to the managed care provider.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of PHI. However, your therapist may not be required to agree to the requested restriction.
2. The Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to select (or defer) one or multiple modes of electronic communication (i.e. appointment and billing reminders). You have the right to receive confidential communications at an alternative physical location (i.e. separate billing and mailing addresses).
3. The Right to Inspect and Copy. You have the right to inspect or obtain a copy of your PHI in your therapist's records and billing records that are used to make decisions about you as long as the PHI is maintained in the record in your therapist's office for a minimum of six years. Under HIPAA regulations, you do not have access or the right to copy psychotherapy notes. Your therapist may deny you access to the PHI under certain circumstances, and in some cases, you can have that decision reviewed. On your request, you therapist will discuss with you the details of the request and the denial process.

4. The Right to Amend. You have the right to request an amendment of your PHI for as long as the information is maintained in the record. Your therapist may deny your request but will discuss the details of the amendment process.
5. The Right to Accounting. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. On request, your therapist will discuss the details of the accounting process.
6. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to a copy of this notice.
7. If you feel your privacy rights have been violated, you may file a written complaint with the Department of Health and Human Services by visiting their website at www.hhs.gov/ocr/hippa. You will not be penalized for filing a complaint.