

## NOTICE OF PRIVACY PRACTICES OF

NEW DIRECTIONS PROFESSIONAL COUNSELING (April Whitaker, LPC)

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.

Effective August 5, 2019

If you have any questions or requests about this Notice, please contact New Directions at [admin@newdirectionspc.net](mailto:admin@newdirectionspc.net) or (762) 400-0979

My Practice is required by State and Federal law to maintain the privacy of protected health information. In addition, the Practice is required by law to provide clients with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your medical/mental health information, and to request that you sign the attached written acknowledgment that you received a copy of this Notice. This Notice describes how the Practice may use and disclose your protected health information. This Notice also describes your rights regarding your protected health information and how you may exercise your rights. Protected Health Information, PHI, is information the Practice has created or received about your physical or mental health condition, the health care we provide to you, or the payment for your health care; it may also contain information about HIV status, sexually transmitted diseases, and substance use. Your PHI identifies you or could be reasonably used to identify you. It includes, but is not limited to, your identity, diagnosis, dates of service, treatment plan, intake note, progress notes, and information about your progress in treatment. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION Permissible Uses and Disclosures Not Requiring Your Written Authorization Your medical and mental health information may be used and disclosed in the following ways.

- **Treatment:** Your medical and mental health information may be used and disclosed in the provision and coordination of your healthcare. For example, this may include coordinating and managing your health care with other health care professionals. Your medical and mental health information may be used and disclosed when I consult with another professional colleague, or if you are referred for medication, or for coverage arrangements during my absence. In any of these instances only information necessary to complete the task will be provided.
- **Payment:** Your mental health care information will be used to develop accounts receivable information, to bill you, and, with your consent, to provide information to your insurance company or other third party payer for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, dates and type of service, and other information about your condition and treatment, but will be limited to the least amount necessary for the purposes of the disclosure.
- **Health Care Operations:** Your medical and mental health information may be used and disclosed in connection with our health care operations, including quality improvement activities, training programs, and obtaining legal services. Only necessary information will be used or disclosed.

- Your medical/mental health care information may be used or disclosed when I am required or permitted to do so by law or for healthcare oversight. This includes, but is not limited to:
  - (a) reporting child abuse or neglect;
  - (b) when court ordered to release information;
  - (c) when there is a legal duty to warn or to take action regarding imminent danger to others;
  - (d) when the client is a danger to self or others or gravely disabled;
  - (e) when a coroner is investigating the client's death; or
  - (f) to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance;
- Contacting the Client: You may be contacted to remind you of appointments and to tell you about treatments or other services that might be of benefit to you. If you do not wish to be contacted in this manner, please let New Directions know in writing.
- Crimes on the premises or observed by the provider: Crimes that are observed by the therapist or the therapist's staff, crimes that are directed toward the therapist or the therapist's staff, or crimes that occur on the premises will be reported to law enforcement.
- Business Associates: Some of the functions of the practice may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
- Involuntary Clients: Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.
- Family Members: Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of the discussion. However, if the client objects, protected health information will not be disclosed.
- Emergencies: In life threatening emergencies the practice will disclose information necessary to avoid serious harm or death. Uses and Disclosures Requiring Your Written Authorization or Release of Information Except as described above, or as permitted by law, other uses and disclosures of your medical and mental health information will be made only with your written authorization to release the information. When you sign a written authorization, you may later revoke the authorization in writing as provided by law. However, that revocation may not be effective for actions already taken under the original authorization.

### Psychotherapy Process Notes:

Psychotherapy process notes are notes written by your therapist during or after your psychotherapy session, which may contain detailed information about what was discussed during therapy.

Psychotherapy process notes are maintained separate from your mental health record. These are paper files that are kept in locked filing cabinets to prevent unauthorized individuals from accessing them.

Psychotherapy process notes are not necessarily generated for every therapy session. There may be psychotherapy process notes for none, some, or all of your therapy visits (at the discretion of your therapist). You may request that your therapist not store psychotherapy process notes for you, but this may hinder your therapist's ability to work as effectively in treatment with you. These notes will be used only by your therapist and disclosure will occur only under these circumstances:

- (a) you specifically authorize their use or disclosure in a written authorization;
- (b) the therapist who wrote the notes uses them for your treatment;
- (c) if you bring a legal action, and we have to defend ourselves; or
- (d) certain limited circumstances defined by the law. Psychotherapy Visit Notes:

Psychotherapy visit notes are not the same as psychotherapy process notes. Psychotherapy visit notes are summaries of what was discussed during therapy and include far less detail than process notes.

Psychotherapy visit notes are included in your mental health record and are stored in your electronic health record, which is kept on a cloud-based electronic medical record. Release of psychotherapy visit notes will still require special permission in writing except in the following circumstances:

- (a) if you were to bring legal action, and we needed to defend ourselves;
- (b) release is needed for healthcare operations or billing purposes; or
- (c) in certain other limited circumstances defined by the law.

In some cases, the psychotherapy visit notes may be incorporated into a combined medication and psychotherapy visit note. In cases of combined medication and psychotherapy visit notes, if you authorize release of your medical record but do not want to authorize release of your psychotherapy visit notes, we will send a modified form of your combined medication and psychotherapy notes with information about the content of the psychotherapy session redacted.

**YOUR RIGHTS AS A CLIENT Additional Restrictions:** You have the right to request additional restrictions on the use or disclosure of your medical/mental health information. However, the clinician does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. Ask your clinician for the Request Form.

**Alternative Means of Receiving Confidential Communications:** You have the right to request that you receive communications from the practice by alternative means or at alternative locations. For example, you may request that bills and other correspondence be sent to an address other than your home address. Ask your clinician for the Request Form. **Access to Protected Health Information:** You have the right to inspect and obtain a copy of your protected health information in the mental health and billing record. If it is thought that access to your mental health records would harm you, your access may be

restricted. Psychotherapy process notes are for the use of your therapist only, and generally are not released except as required by law. Ask your clinician for the Request Form and the appeal process.

**Amendment of Your Record:** You have the right to request an amendment or correction to your protected health information. If the clinician agrees that the amendment or correction is appropriate, the Practice will ensure the amendment or correction is attached to the record. An appeal process is available if the clinician determines the record is accurate and complete as is. Ask your clinician for the Request Form and the appeal process available to you.

**Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures the practice has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures authorized by you, or disclosures made prior to April 14, 2003. Other exceptions will be provided to you, should you request an accounting. Ask your clinician for the Request Form.

**Right to Revoke Consent or Authorization:** You have the right to revoke your consent or authorization to use or disclose your medical/mental health information, except for action that has already taken place under your consent or authorization.

**Copy of this Notice:** You have a right to obtain a copy of this Notice upon request. The Practice is required to abide by the terms of this Notice, or any amended Notice that may follow. The Practice reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains.

When changes are made, the revised Notice will be posted on the New Directions website at [NewDirectionsPC.net](http://NewDirectionsPC.net) and in the office. Copies will be available upon request.

If you believe the Practice has violated your privacy rights, you may file a complaint with the Practice by submitting it to April Whitaker. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201. It is the policy of the Practice that there will be no retaliation for your filing of such a complaint.