
HIPAA Notice of Privacy Practices and Client Rights

The Health Insurance Portability and Accountability Act of 1996, was effective as of 4/14/03 & updated Sept 2013. See www.hhs.gov. It applies to your “**Protected Health Information**” (PHI). 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.

Notice of Privacy Practices:

This provider is required to maintain the privacy of your PHI and only releases your information in accordance with state and federal laws and the ethical codes of the Counseling & Marriage & Family Therapy professions. This notice describes the **policies related to the use and disclosure** of your PHI for the purposes of providing services. This includes **TREATMENT, COLLECTING PAYMENT, and CONDUCTING OPERATIONS including inquiries & scheduling appointments.**

Each contact or visit to this office generates a written note. This practitioner does not use electronic medical records. We do use Word to type notes, internet based email, website appointment and payment services, and cell phone communication services upon your initiation. The hard copy records are stored in the **mental health/medical file under your name**. It is the property of this provider. This file compiles a record of your symptoms, assessment, diagnosis, treatment, plan for future treatment, payments and any correspondence including other mental/health records received by this provider.

initial X_____

Rhonna W. Phillips
Counseling & Therapy Services, LLC

The file for you is used for: Planning your care & treatment, legal documentation, to contact you when needed

A communication tool to coordinate care among your health professionals

A third party payer, to verify the services billed were provided & payment can be retrieved

A tool for educating health professionals

A source of data for medical research which has privacy protocols

A source of information when public health officials require it ie: preventing disease, reporting adverse reactions to Rx, reporting abuse, neglect, domestic violence, preventing or reducing serious threat to anyone's health or safety

Use of data for planning and marketing of services

A tool for improving care and services

Verification of compliance with the HIPAA law

According to HIPAA law your information **may be disclosed to provide, manage or coordinate your care and services.** This can include mental and/or health care professionals, consultants, specialists, and referral sources. It can also include law enforcement/government officials (like the Police or FBI) for your or others' health & safety, worker's compensation, disability determination, related to organ/tissue donation, medical examiner or funeral directors if deceased, or response to legal actions like court orders. **Refer to "How Confidentiality Works"** for further information on AL Counselor & Therapist professional ethics and mandated disclosures by this practice.

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Your PHI **may be disclosed for processing payment, reimbursement for services** (including any 3rd party payer/insurance company verification of coverage or processing of claims), billing or collections of fees, including legal actions.

Your information may be used to **manually or electronically to conduct the business of healthcare operations** i.e.: Compliance w/laws or regulations, disaster/emergency situations, licensure, contract services for the office or your treatment, treatment alternatives, **business associates**, administration, quality improvement, inquiries for services, or **management of your appointments**. Only the reasonably minimum necessary amount of your PHI will be disclosed. You may have some choices in how we use or share this information. We never sell or market your PHI or fundraise with identifiable PHI. **You will be notified if a known breach** of information occurs that may have affected the security of your PHI.

Client Rights:

You can **request communications** by alternate means or locations & reasonable requests will be accommodated. You can choose someone to act in your behalf ie: Medical Power of Attorney or Legal Guardian. We will verify their authority.

You **authorize this provider to contact you for routine** purposes via:

Email: _____

Cell/ok to lv msg: _____ Hm/ok to lv msg:

_____ Wk/ok to lv msg: _____

Texting: Ok or NO; Other technology: _____

If you initiate contact w/me via any form you are authorizing use of that form & accepting its' inherent risks. I will NOT interact with you

Rhonna W. Phillips
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via Social Media for your privacy protection.

If you are requesting an alternate mailing address be used for contacting you, please note it here: _____
You request to **NOT** be contacted at _____

This provider is **required to provide you with this notice**, abide by it, and notify you of any changes. A written copy will be available, in writing, at this providers' office.

You have a right to **inspect and/or copy** your PHI usually within 30 days & in electronic version if it's in that format. This can be limited according to this **provider's judgment** of potential clinical contraindications. You would be notified of this. **You do not have rights to clinical psychotherapy notes.** This provider may provide you a summary instead. Charges apply.

You have a right to **add to or correct your PHI.** The request must be in writing & explain why. Any denial will be given to you in writing within 60 days from receipt of the request. This request can be denied. You can put any disagreement in writing. This would all be added to the record & does not delete the original documentation.

You can **obtain a list of who has received any disclosures** about your PHI and why for six years from the start of your treatment with this provider. This accounting would apply only to disclosures other than about your treatment, payment, provider operations, or those you requested. One list per year is free otherwise the charges are based on the cost.

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You can, in writing, **request restriction** on certain treatment, payment, or operations uses or **disclosures of your PHI** ie: disaster relief, provision of mental health care, marketing. We are not required and if this provider is unable to agree to your request you will be notified.

You can request, if you pay in full out of pocket, that **we not share PHI with your health insurer** for purpose of our payment or operations.

You have the right to release your PHI to family, friends, or your other health care providers, and can **revoke a prior authorization** for use or disclosure of your PHI. Each must be in writing. Revocation cannot apply to that which was already authorized and/or released.

If you have any concerns you can contact this provider; we will work for resolution. You have the **right to file a complaint**. There will be no retaliation for a complaint. Contact the Office of Civil Rights: U.S. Dept of Health & Human Services 200 Independence Ave. S.W. Room 509F HHH Bldg Washington, D.C. 20201; 1-877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints.

Remember, the above activities can be **case management** labor and those services can be charged according to the time **costs**. I have received in writing, read & understand this HIPAA notice.

Client Signature Date

Rhonna W. Phillips, MA
Licensed Professional Counselor & Supervisor,
Licensed Marriage and Family Therapist, Collaborative Practitioner,
Qualified Family & Domestic Relations Mediator **Rev. 05-2016**