

Notice of Privacy Practices (NPP)

Client Rights & Therapist Duties:

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that I provide you with a Notice of Privacy Practices (NPP) for use and disclosure of Protected Health Information (PHI) for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your PHI in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this notice. If you have any questions, it is your right and obligation to ask so I can have a further discussion prior to signing this document. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it.

Limits On Confidentiality:

The law protects the privacy of all communication between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary. Reasons I may have to release your information without authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.
2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
3. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
4. If a patient files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.
5. I may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:

1. If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the Local Department of Social Services OR the appropriate Law Enforcement Agency. Once such a report is filed, I may be required to provide additional information.

2. If I know or have reasonable cause to suspect, that a vulnerable adult (18 years or older) has been abused, neglected, or exploited, the law requires that I file a report with the Adult Protective Services with the Department of Social Services. Once such a report is filed, I may be required to provide additional information.
3. If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

Clients Rights and Therapist Duties:

Use and Disclosure of Protected Health Information (PHI):

- For Treatment – I will use and disclose your health information internally in the course of your treatment. If I wish to provide information outside of our practice for your treatment by another health care provider, I will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.
- ***For Payment ***– I may use and disclose your health information to obtain payment for services provided to you as delineated in the Therapy Agreement.
- For Operations – I may use and disclose your health information as part of our internal operations. For example, this could mean a review of records to assure quality control. I may also use your information to tell you about services, educational activities, and programs that I feel might be of interest to you.

Patient Rights:

- Right to Treatment – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
- Right to Confidentiality – You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. I will agree to such unless a law requires that I share that information. * To maintain confidentiality, sessions are not to be recorded by use of camera, cellular phones or any other recording device.
- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. You must make this request in writing. Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Furthermore, there is a copying fee charge of \$1.00 per page. Please make your request well in advanced and allow 2 weeks to receive the copies. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.
- Right to Amend – If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must clearly indicate the reasons you want to make these changes, and I will decide if it is and if I refuse to do so, I will tell you why within 90 days.

- **Right to a Copy of This Notice** – If you received paperwork electronically, you have a copy in your email/portal access. If you completed this paperwork in the office during your first session a copy will be provided to you per your request or at any time.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- **Right to Choose Someone to Act for You** – If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.
- **Right to Choose** – You have the right to decide not to receive services with me. If you wish, I will provide you with at least three names of other qualified professionals.
- **Right to Terminate** – You have the right to terminate therapeutic services with Everyone Needs Therapy, LLC at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you of your decision to terminate services.
- **Right to Release Information with Written Consent** – With your written consent, any part of your record can be released to any person or agency you designate. Together, we will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

Therapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice via secured email communication.

Complaints Process for Georgia Clients:

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me, The Licensing Division of the Georgia Secretary of State's Office, or the Secretary of the U.S. Department of Health and Human Services.

Grievance:

Procedural Steps & What to Submit:

- Complaints must be submitted in writing.
- To submit a complaint against a licensed individual or a licensed facility, you must provide their name and license number.
- If you do not know the information, you can [search for a licensed facility](#).
- You can also [search for a licensed individual](#).
- The complaint must include:
 - Your name, address, telephone number, and email address
 - The name and address of the person or facility being reported and, if applicable, their license number
 - A detailed description of the violation

- Any other pertinent information, which includes supporting documents (i.e. business/patient records, cancelled checks, billing statements, proposals, contracts, invoices...) that could be used to support your complaint.

Georgia Licensing Board information shown below:

Georgia Secretary of State, Mr. Brad Raffensperger

Board of Professional Counselors, Social Workers, and Marriage & Family Therapists

Website: <https://sos.ga.gov/form/contact-office-secretary-state-licensing-division>

ADDRESS:

237 Coliseum Drive
Macon, Georgia 31217-3858

PHONE: [\(404 \) 424-9966](tel:4044249966)

SERVICE HOURS: Mon - Fri, 8 am – 5 pm

Complaints Process for Maryland Clients:

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me, the State of Maryland Department of Health, or the Secretary of the U.S. Department of Health and Human Services.

Grievance:

Procedural Steps:

Step I: If you have a complaint meet with your counselor and discuss your concerns. There are times when a simple mistake has been made, which will allow for corrective action to be taken. If your concerns have not been addressed to a satisfactory outcome you may file a grievance.

Step II: Clients have the right to report a grievance complaint that may be submitted in writing (on the Grievance Form located at <https://health.maryland.gov/bopc/pdfs/complaintform.pdf>) and a description of the grievance with all other required information to the Board of Professional Counselors and Therapist.

The Board Investigator can be reached at the information below:

Kimberly B. Link, J.D.

Executive Director

Board of Professional Counselors and Therapists

4201 Patterson Ave., Baltimore, MD 21215

Kimberly.link@maryland.gov

Fax: (410) 358-1610

GOOD FAITH ESTIMATE NOTICE: Notice to clients and prospective clients

Under the law, healthcare providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill, see your Estimate, or **visit www.cms.gov/nosurprises**.