

## **NOTICE OF PRIVACY PRACTICES**

### **Transpersonal Mental Health Counseling Services, PLLC**

**Effective Date: March, 2021**

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.

#### **Changes to this Notice**

Transpersonal Mental Health Counseling Services, PLLC reserves the right to change this notice, and reserves the right to make the revised or changed notice effective for the PHI we have already collected as well as any information we receive in the future. We will post a copy of the current notice on our website ([transpersonalmentalhealth.com](http://transpersonalmentalhealth.com)).

#### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Use and disclosure of 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.

Your therapist may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Therapist" refers to any licensed mental health professional.
- "Treatment, Payment and Health Care Operations"
  - Treatment is when your therapist provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychotherapist.
  - Payment is when your therapist obtains reimbursement for your healthcare. Examples of payment are when your therapist discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of this practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within this practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of this practice, such as releasing, transferring, or providing access to information about you to other parties.

## **II. Uses and Disclosures Requiring Authorization**

Your therapist may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your therapist is asked for information for purposes outside of treatment, payment or health care operations, your therapist will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your therapist has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

## **III. Uses and Disclosures with Neither Consent nor Authorization**

Your therapist may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your therapist knows or has reason to believe a child is being or has been neglected or abused, or that a child has been threatened with neglect or abuse that is likely to occur, he or she must immediately report the information to the relevant county department, police, or sheriff's department.
- **Vulnerable Adult Abuse:** If your therapist has reason to believe that a vulnerable adult is being or has been maltreated, abused, or neglected, or has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, your therapist must immediately report the information to the appropriate agency in this county. Your therapist may also report the information to a law enforcement agency.
  - **Vulnerable Adult** means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction (i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and (ii) because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and your therapist will not release the information without written authorization from you or your personal or legally-appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If your therapist has reason to believe that you may cause harm to yourself or another person, he or she must make a reasonable effort to warn the third party (if any) and/or contact law enforcement.
- **Worker's Compensation:** If you file a worker's compensation claim, your therapist may be required to release records relevant to that claim to your employer or its insurer.

#### **IV. Your Rights Regarding Your PHI**

You have the following rights with respect to your protected health information:

1. *Request Limits on Uses and Disclosures of Your PHI:* You have the right to ask your therapist not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your therapist is not required to agree to your request if your therapist believes it would adversely affect your health care.
2. *Choose How your therapist sends PHI to You:* You have the right to ask your therapist to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and your therapist will agree to all reasonable requests.
3. *See and Obtain Copies of Your PHI:* Other than psychotherapy notes, you have the right to receive an electronic or paper copy of your clinical record and other information that your therapist has about you. Your therapist will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and your therapist may charge a reasonable, cost based fee for doing so. Your therapist may decline access to some or all of your records if your therapist believes that viewing them would cause you emotional harm. If you are denied access to your records, you may file an appeal of your therapist's decision with the New York State Department of Health.
4. *Get a List of the Disclosures Your Therapist Has Made:* You have the right to request a list of instances in which your therapist has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided your therapist with an authorization. Your therapist will respond to your request for an accounting of disclosures within 60 days of receiving your request. Your therapist reserves the right to charge you a reasonable fee for your request.
5. *Correct or Update Your PHI:* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that your therapist correct the existing information or add the missing information via a written request. Your therapist may decline your request, but your therapist will tell you why in writing within 60 days of receiving your request.
6. *Obtain a Paper or Electronic Copy of this Notice:* You have the right to obtain a paper copy of this notice, as well as a copy through e-mail.
7. *Complaints:* If you are concerned that your therapist has violated your privacy rights, or you disagree with a decision made by your therapist about access to your records, you may further discuss this with your therapist. If you are not satisfied after discussing complaints with your therapist, you may file a complaint with the U.S. Department of Health and Human Services.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Personal Representative's Name

\_\_\_\_\_  
Relationship to Patient

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify) \_\_\_\_\_