

## Notice of Privacy Practices

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the ethics of the counseling profession. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members, if any. I may disclose PHI to any other person only with your written authorization (e.g., your primary care physician).

**For Payment.** I may use and disclosed PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility of coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. I may share your PHI with third parties that perform various business activities (e.g., billing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** I may use or disclose, as needed, your PHI in order to support business activities that relate to the performance and operation of my 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. For training and teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Without Authorization.** Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required or allowed by law, such as, but not necessarily limited to: the reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the counselor licensing board or the health department), or abuse involving the elderly or the developmentally disabled / mentally retarded.
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or to other persons as permitted by law, including you.

**Verbal Permission.** We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. This permission will be documented in the treatment notes.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked by you in writing, unless we have already relied on it.

## **CLIENT RIGHTS**

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to Tamara J. Smith, LPCC, at 2021 Auburn Avenue, Cincinnati, OH 45219.

### **Right to request how I contact you**

It is my normal practice to communicate with you verbally using the phone number that you provided, about health matters, such as appointment reminders and follow-up calls, etc. Sometimes I may leave messages on your voicemail. You have the right to request that I communicate with you in a different way.

### **Right to release your medical records**

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that I acted in reliance on such authorization.

### **Right to inspect and copy your medical and billing records.**

You have the right to inspect and obtain a copy of your information contained in my medical records. Under limited circumstances, I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing and supplies.

### **Right to add information or amend your medical records.**

If you feel that information contained in your medical record is incorrect or incomplete, you may request, in writing, that I correct or add to the record. I may deny the request if I determine that the PHI is (1) correct and complete; (2) not created by me and/or not part of my records; or (3) not permitted to be disclosed. Any denial will state reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If I approve your request for amendment, I will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

### **Right to an accounting of disclosures.**

You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described on Page 1 of this Notice). On your request, I will discuss with you the details of the accounting process.

### **Right to request restrictions on uses and disclosures of your health information.**

You have the right to ask that I limit how I use or disclose your PHI. I will consider your request, but am not legally bound to agree to the restriction. To the extent that I do agree to any restrictions on our use/disclosure of your PHI, I will put the agreement in writing and abide by it except in emergency situations. I cannot agree to limit uses/disclosures that are required by law.

### **Right to complain.**

If you think I have violated your privacy rights, or you disagree with a decision I make about access to your PHI, you may discuss the situation with me free of charge. If you are not satisfied with the outcome, you may file a written complaint with Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601. Phone (312) 886-2359; Fax (312) 886-1807; TDD (312) 353-5693.

I will not retaliate against you for filing a complaint.

### **Right to receive changes in policy.**

You have the right to receive any future policy changes secondary to changes in state and federal laws.

**The effective date of this notice is January 1, 2011.**

**Tamara J. Smith, LPCC  
2021 Auburn Avenue  
Cincinnati, OH 45219  
Phone: 513-256-9584**