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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 professional codes of ethics. It also describes your rights regarding how you may gain access 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. I reserve the right to change the terms of this Notice at any time. Any new Notice will be effective for all PHI that I maintain at that time. I will provide you with a copy of any revised Notice of Privacy Practices at your request.

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 and for the purpose of providing, coordinating, or managing your healthcare treatment and related services. This includes consultation with other treatment team members. I may disclose PHI to any other consultant only with your authorization.

For Payment: I may use and disclose PHI so that I can receive payment for the treatment provided to you only with your authorization. This may include determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review practices. 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.

I may use your PHI to track your appointments in my scheduler and for reminder calls. If you would like to receive calls only at one specific number please let me know or note that on your intake form.

I may call you by name in the waiting room when I am ready to see you for your appointment.

When communicating by telephone, I will provide information to you only, regarding your care, or to the parents/legal guardians of minors. Exceptions to this are noted elsewhere in this Notice.

Required by Law: Under the law I must make disclosure 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.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR CONSENT

I may use your PHI without your consent in the following situations: a) when disclosure is required by federal, state, or local law; b) when abuse or neglect is suspected; c) for judicial and administrative proceedings; d) in the event of a patient's death; e) in emergency situations; f) in situations where a family member is involved in your care; g) if health oversight is suspected; h) if requested by law enforcement agencies or national security agencies; j) for Workman's Compensation purposes; k) if it is my duty to warn that you are a danger to yourself, others, or the property of others; l) mandatory government audits or investigations; m) court orders; n) for research purposes.

Verbal Permission: I may use or disclose your information to family members who are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me. You may incur reasonable charges for these requests.

a) You have the right to inspect and copy PHI that may be used to make decisions about your care. Your right will be restricted only in those situations where there is compelling evidence that access would cause you or someone else serious harm. Psychotherapy notes have special protection under HIPAA. Psychotherapy notes are intended for my sole use. The right to view or get copies of your PHI does not include access to psychotherapy notes.

b) You have the right to ask me to amend any information in your PHI that you feel is incorrect or incomplete, although I am not required to agree to the amendment.

c) You have the right to request an accounting of certain disclosures that I make of your PHI. The list will not include disclosures to which you have already consented or disclosure you made prior to April 15, 2003. I may require a reasonable fee if you request more than one accounting per 12-month period.

d) You have the right to request a limitation on the use or disclosure of your PHI for treatment, payment, or healthcare operations. I am not required to agree to your request.

e) You have the right to request that your PHI be sent to you at an alternate address or by an alternate method, provided this can be done without my undue inconvenience.

f) You have the right to keep a copy of this Notice.

COMPLAINTS

If you wish to submit a comment or complaint about my privacy practices or you feel that your privacy rights have been violated, please tell me about it in person. If this isn't resolved to your satisfaction, please submit a written complaint to me at my office address. I will not penalize you for filing a complaint. You may also complain to the Secretary of the Federal Department of Health and Human Services if you believe your privacy rights have been violated.

I HAVE READ THE NOTICE OF PRIVACY PRACTICES AND KNOW THAT I MAY RECEIVE A COPY UPON REQUEST.

Signature

Date