

Supporting You

Counseling & Consulting, LLC

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on June 22, 2023

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting information about you. We create a record of the care and services you receive through Supporting You Counseling and Consulting, LLC which is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. This notice also describes your rights to the protected health information that we keep about you and describes certain obligations we have regarding the use and disclosure of your protected health information. We are required by law to:

1. Make sure that PHI that identifies you is kept private.
2. Give you this notice of legal duties and privacy practices with respect to health information.
3. Follow the terms of the notice that is currently in effect.
4. Provide you with notice of any changes to our privacy practices, as such changes will apply to your PHI. The current Notice of Privacy Practices will be available on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. This list is not exhaustive; however, all of the ways that we are permitted to use and disclose information will fall within one of the categories.

1. For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with a client to use or disclose that client's PHI without the written authorization:
 - a. To carry out the health care provider's own treatment, payment or health care operations. We may also disclose your PHI for the
 - b. To complete treatment-related consultation with other healthcare providers.
 - c. For operational purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

2. Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES DO REQUIRE YOUR AUTHORIZATION

1. Psychotherapy Notes. We do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For our use in treating you.
 - b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For our use in defending myself in legal proceedings instituted by you.

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- d. For our use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. We will not use or disclose your PHI for marketing purposes without your prior written consent.
 3. Disclosures to family, friends, or others. You have the right and choice to decide who we may provide your PHI to. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.
 4. Sale of PHI. We will not sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons. Certain legal conditions must be met before we can share your information for these purposes:

1. Appointment reminders and health related benefits or services.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

1. The right to request limits on uses and disclosures of your PHI. You have the right to request that certain PHI is not disclosed for treatment, payment, or health care operations purposes. We are not required to agree to your request, and may say "no" if it would affect your health care.
2. The right to request restrictions for out-of-pocket expenses paid for in full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The right to choose how PHI is sent to you.. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The right to see and get copies of your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information about you that is stored.
5. The right to get a list of the disclosures that have been made. You have the right to request a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make).
6. The right to 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 we correct the existing information or add the missing information.
7. The right to get a paper or electronic copy of this notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

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8. The right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. The right to revoke an authorization.
10. The right to opt out of communications and fundraising from our organization.
11. The right to file a complaint. You can file a complaint if you feel your rights have been violated by contacting us using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

We can change the terms of this Notice, and such changes will apply to your PHI that is stored.. The new Notice will be available upon request, in my office and on my website.