

Harpeth Counseling LLC

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. INTRODUCTION: Welcome and thank you for choosing Harpeth Counseling LLC. This document constitutes a disclosure statement outlining the professional services offered by your provider and the associated business policies. Additionally, it provides a summary of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), a federal statute that safeguards the privacy of your Protected Health Information (“PHI”) and establishes your rights regarding its use and disclosure for treatment, payment, and healthcare operations. While these documents may be lengthy and intricate, it is imperative that you thoroughly comprehend their contents. Your signature on this document signifies your acknowledgement and agreement with the information contained herein. We welcome any questions you may have at the time of signing or at any point thereafter.

II. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that your health information and your health care is personal. I am committed to protecting your PHI within the limits of confidentiality and Tennessee State law. I create a record of the care and services you receive from me. I need this record 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 your provider and Harpeth Counseling LLC. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that “PHI” that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

III. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations.

1. Treatment: includes the variety of tasks that I perform in order to provide, supervise, coordinate, or manage your mental health services or any other services related to your mental health care. This includes a range of activities, including therapy sessions, doctor consultations for medication management or other health conditions, conversations with your child's school or teacher about behaviors that you notice in the classroom, consultation with other healthcare providers, or coordinating treatment with outside agencies and providers such as residential treatment programs, psychiatric hospitals, or emergency services. This too can be done without your written authorization. For example, if I were to consult with another licensed mental health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist in the diagnosis and treatment of your mental health condition.
2. Payment: the compensation I receive for providing mental health services. I may use and disclose health information about you for payment purposes. Payment activities include, without limitation, determining your eligibility for benefits and obtaining payment from insurers that may be responsible for providing coverage to you, including Federal and State entities. These payment activities may be utilized directly through your insurer or by a third-party entity. For example, if you possess health insurance coverage, submitting or "filing" a claim to your insurance provider for reimbursement of a therapy session exemplifies this type of information sharing. Typically, these companies have their own policies and procedures for safeguarding your privacy. However, once I have released the required information to any such company, I can no longer assume responsibility for preventing the dissemination of the information that has been released.
3. Health Care Operations: I may use and disclose health information about you to support health care functions related to treatment and payment, which include, without limitation, care management, quality improvement activities, evaluating our own performance and resolving any complaints or grievances you may have. I may also use and disclose your health information to assist other health care providers in performing health care operations. For example, Insurance companies can request documentation reviews to assure my work with you is "medically necessary."
 - Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order, as required by law. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, although my preference is to obtain an Authorization from you before doing so.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Certain uses and disclosures of your PHI will be made only after signing an authorization for a release of information. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures that you identify in writing.

1. Psychotherapy Notes. I 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 my use in treating you. b. For my 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 my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services 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. For Marketing Purposes.
3. Sale of PHI. As a licensed professional counselor, I will not sell your PHI in the regular course of my business.

I will not use or disclose your health information for any purpose not specified in this Notice unless we obtain your express written authorization or the authorization of your legally appointed representative. If you give us your authorization, you may revoke it in writing at any time, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization to provide your care.

V. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:
“Limits of Confidentiality”: Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. 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.
2. If you indicate that you are in serious and immediate risk of harming yourself or another identified person, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. A common scenario involves a client expressing suicidal ideation with a clear and imminent risk of acting on it. It’s crucial to distinguish between suicidal thoughts and intent. Many individuals experiencing hopelessness or discouragement may contemplate self-harm, and open communication about these thoughts is highly encouraged. Disclosing suicidal thoughts alone won’t automatically trigger a breach of confidentiality. However, if you express a concrete plan and intent to act on suicidal thoughts, I may be required to take steps to protect you, potentially including breaching confidentiality. Reasonable measures may include notifying emergency services or in the case of threats to kill someone else, directly advising the potential victim of the threat.
3. Reporting suspected child, minor, elder, or dependent adult abuse or neglect, domestic violence, or preventing or reducing a serious threat to anyone’s health or safety.
4. For public health activities. For example, I may disclose your health information to public authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability, reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.

5. For health oversight activities, I may disclose your health information to federal or state health oversight agencies for activities authorized by law such as audits, investigations, inspections, and licensing surveys.
6. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena to gain access to information that you have shared with me, although my preference is to obtain an Authorization from you before doing so.
7. For law enforcement purposes, including responding to a court order, warrant, summons or similar process, to help identify or locate a suspect or missing person, to provide information about a victim of a crime, a death that may be the result of criminal activity, or criminal conduct on our premises, or, in emergency situations, to report a crime, the location of the crime or the victims, or the identity, location or description of the person who committed the crime.
8. Deceased individuals. We may disclose your health information to a coroner, medical examiner, or a funeral director as necessary and as authorized by law.
9. 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.
10. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
11. 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. 10 Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
12. Appointments, Information and Services. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.
13. If you are utilizing your health insurance coverage, insurers can request documentation reviews to assure my work with you is "medically necessary."

VI. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VII. 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 ask me not to use or disclose certain PHI for treatment, payment, or health care

operations purposes. I am not required to agree to your request, and I may say “no” if I believe 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 disclosures 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 I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information including billing that I have about you. I 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 I may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
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 I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.