

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 IT CAREFULLY.

The document is offered pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

I respect your right to privacy and understand that your medical information is personal to you. In order to provide medical services to you, I create paper and electronic records about your health and the care I provide. Your personal health information is confidential and this notice is intended to help you understand how our practice uses and discloses your personal health information and what rights you have with respect to your medical information.

I have the following duties with respect to your personal health information:

1. I am required by law to maintain the privacy of your personal health information.
2. I must provide you with notice of our legal duties and privacy practices with respect to personal information.
3. I must abide by the terms of the notice of privacy practices that is currently in effect.

How I May Use and Disclose Your Information

The following describes how my practice is permitted by law to share your personal health information with others in order to provide you with medical care. This notice does not describe every use or disclosure I could make; it is intended as a general overview.

Medical Treatment.

I may need to share information about you in order to provide medical care to you. For example, I may share information with other physicians, nurses or healthcare professionals' relation to your medical care and treatment.

Payment.

I may need to disclose information about the treatment, procedures or care out practice provided to you in order to bill and receive payment for services I provided. I may share this information with you or any third party responsible for payment. I may also need to disclose personal health information about you with your referring physician to better meet your holistic needs.

Required by Law.

I will disclose medical information related to you if required to do so be state, federal or local law.

Public Health Activities/Risk.

Your medical information may be disclosed to a public health authority that is authorized by law to collect or receive such information for public health activities. Certain disclosures may be made public health activities in the following circumstances:

1. To prevent or control disease, injury or disability;
2. To report of births or deaths;
3. To report child or vulnerable adult abuse or neglect;
4. To report reactions to medications or product defects;
5. To notify individuals of product recalls;
6. To notify a person who may have been exposed to a communicable disease or at risk of contracting or spreading a disease or condition;
7. If Laura Donnelly MA, LPCC reasonably believes a person is the victim of abuse, neglect, or domestic violence, we may disclose personal health information to the appropriate authority. We will only make this disclosure if you agree to the disclosure or we are required or authorized to do so by lay without permission.

Appointment Reminders or Treatment Alternatives.

I may use and disclose medical information about you to discuss treatment changes or to remind you that you have an upcoming appointment. I may contact you by phone, text, or e-mail. I will make every effort to protect your privacy when leaving a message for you and try to reveal as little confidential information as possible (e.g., when leaving a message on your answering machine that may be heard by others.)

To Avert Serious Threat to Health or Safety.

If I believe, in good faith, that a use or disclosure of your medical information is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, we may disclose your medical information.

Health Oversight Activities.

Your personal health information may be disclosed to federal, state or local authorities as part of an investigation or government activity authorized by law. This may include audits, civil,

administrative or criminal investigations, inspections, licensure or disciplinary actions or other activities necessary for the oversight of the health care system, government benefit programs and compliance with government regulatory programs or civil right laws.

Law Enforcement.

I may disclose your personal health information to law enforcement individuals if I am required to do so by law. I may also disclose medical information about you in compliance with a court order, warrant or subpoena or summons issued by the court. I will make best efforts to contact you about these types of requests so that you can obtain an order restricting or prohibiting disclosure of the information requested. I may also use such information to defend ourselves in actions or threatened actions that may be brought against me.

Other uses and disclosures will be made only with your written authorization and you may revoke your authorization at any time.

Privacy Notice Acknowledgement

I acknowledge I have been given a copy of the Privacy Practices in relation to receiving counseling services by Laura Donnelly MA, LPCC and understand these rights and responsibilities.

Client/Guardian Name and Date

Client/Guardian Signature and Date

Counselor's Signature and Date