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Protected Health Information (PHI) Privacy and Policies/Counseling Services

I understand that your health/mental health information is personal and I am committed to protecting this information. I am required by applicable federal and state law to maintain the privacy of your health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), also requires that I give you this Notice about my legal duties, my privacy practices, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice while it is in effect.

Individually identifiable information about your past, present, or future health/mental health or condition, the provision of health/mental health care to you, or payment for the health/mental health care is considered “Protected Health Information (PHI).” Whenever possible, the PHI contained in your record remains private. In some circumstances, it is necessary for me to share some of the PHI contained in your record (or your child’s record). In all but certain specified circumstances, I will share only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. I reserve the right to change this notice and to make changes in my privacy practices. Any changes will be effective for all PHI that I maintain, including the health/mental health information created or received before I made the changes. I will post a copy of the current notice in my reception area and on my website (if applicable). You may also request a current copy of this notice from me. For more information about my privacy practices, please contact me at numbers listed at the end of this notice.

How I May Use and Disclose Health/Mental Health Information About You:

The following categories describe different ways that I use and disclose your PHI. For each category, I explain what I mean, and offer an example. In some instances, a written authorization signed by you is required in order for me to use or disclose your PHI; in others it is not. I have tried to identify which instances do not require your signed authorization and which do.

Use and Disclosure of PHI for Which No Signed Authorization is Required:

For Treatment: I may use/disclose your (or your child’s) PHI to provide you with mental health treatment or services. For example, I may disclose your PHI to physicians, psychiatrists other licensed mental health providers who provide you with healthcare services or are involved in your care. If a psychiatrist is treating you, I can disclose your PHI to your psychiatrist in order to coordinate your care.

For Payment: I may use/disclose your (or your child’s) PHI in order to bill and collect payment (from you, your insurance company, or another third party) for services provided by me. For example, I may send your PHI to your insurance company to get paid for the services provided to you or to determine eligibility for coverage.

For Health Care Operations: I may use/disclose your (or your child’s) PHI to your health insurance service plan or insurance company for purposes of administering the plan, such as case management and care coordination.

Appointment Reminders or Changes in Appointments: I may use/disclose your (or your child's) PHI to contact you as a reminder that you have an appointment. I may also contact you to notify you of a change in your appointment by phone/voicemail, email, or text. If you do not wish me to contact you for appointment reminders or changes in appointment times, please identify this.

When Disclosure is Required by State, Federal, or Local Law; Judicial or Administrative Proceedings; or Law Enforcement: I may use/disclose your (or your child's) PHI when a law requires that I report information about suspected child, dependent adult, or elder abuse or neglect or in response to a court order. I must also disclose information to authorities that monitor compliance with these privacy requirements.

To Avoid Harm: I may use/disclose limited PHI about you when necessary to prevent or lessen a serious threat to your health or safety, or the health and safety of the public or another person. If I reasonably believe you pose a serious threat of harm to yourself, I may contact family members or other who can help protect you. If you communicate a serious threat of bodily harm to another, I am required to notify law enforcement within 24 hours and have the option of protecting a potential victim.

Law Enforcement Officials: I may disclose your PHI to the police or other law enforcements officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

For Health Oversight Activities: I may disclose PHI to a health oversight agency for activities authorized by law. For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

Specialized Government Functions: I may disclose your (or your child's) PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

Disclosure to Relatives, Close Friends, and Other Caregivers: I may exercise my professional judgment to determine whether a disclosure is in your best interest. If I disclose your PHI to a family member, other relative, a close personal friend, I may disclose only information that I believe is directly relevant to the person's involvement with your healthcare or payment related to your health care.

As Required by Law: I may use/disclose your (or your child's) PHI when required to do so by any other law not already referred to in the preceding categories.

Uses and Disclosures of PHI for which a Signed Authorization is Required: For uses and disclosures of PHI beyond the areas noted above, I must obtain your written authorization. Authorizations can be revoked at any time in writing to stop future uses/disclosures (except to the extent that I have already acted upon your authorization).

Your Rights Regarding Your (or Your Child's) PHI: You have the following rights regarding PHI I maintain about you (or your child):

Right to Inspect and Copy: You have the right to inspect and copy your (or your child's)

health/mental health information upon your written request unless I believe it may be detrimental to the client/you or a minor (California clients) who was able to consent to their own treatment.

I will respond to your written request to inspect records. A charge for copying, mailing, and related expenses will apply. In some circumstances, such as a court order, safe harbor agreement in place, or agreement not to request your child's records in a custody or other parenting issue which involves litigation, you may not be able to request your child's records or review them.

Right to Request Restrictions: You have the right to ask that I limit how I use or disclose your PHI. I will consider your request, but I am not legally required to agree to the request. If I do agree to your request, I will put it into writing and comply with it except in emergency situations.

Right to Amend: If you believe that there is a mistake or missing information in my record of your health/mental health information, you may request, in writing, that I add your addendum to the record. I will not delete the information which is already part of the record. I will respond to your request within 60 days of receiving it.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask me to give you a copy of this Notice at any time. Your signed copy will be a part of your record.

Complaints:

If you think that your privacy rights have been violated, you may contact me in writing, as the privacy officer:

Laura Ellsworth

lauraellsworthcounseling@gmail.com

or

You may file a complaint with the Secretary of the United States
Department of Health and Human Services:
200 Independence Avenue, SW, Washington, D.C. 20201.

Please sign as an indicator that you have read and understand these privacy practices.

Signature: _____ Date _____

Signature of Parent/Guardian: _____ Date _____