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**NOTICE OF PRIVACY PRACTICES**

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

Privacy is a very important concern for all those who come to my office. It is also complicated because of the many federal and state laws regulating the mental health field in addition to my professional ethics. Because the rules are so complicated some parts of this Notice are very detailed and you probably will have to read them several times to understand them. If you have any questions I will be happy to help you understand my procedures and your rights.

If any of the following privacy practices are modified or changed in the future, you will be provided an updated copy at your next appointment.

**A. Introduction - To my clients**

This Notice will tell you how I handle your mental health information. It tells how I use this information in my office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of the federal government are very complicated and I don't want to make you read a lot that may not apply to you, I have only included what is pertinent to you receiving therapy services from me. If you have any questions or want to know more about anything in this Notice, please ask me for more explanations or more details.

**B. What I mean by your mental health information**

Each time you visit my office or any other what are called "healthcare providers" (i.e., doctor's office, hospital, clinic, etc.) information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from me or from others, or about payment for healthcare. The information I collect from you is called, in the law, "**PHI**," which stands for **Protected Health Information**. This information goes into your file/healthcare record at the office.

In this office this PHI is likely to include some or all of the following types of information:

- Your history. As a child, in school and at work, marriage and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, or needs.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. A list of the treatments and any other service, which I think, will be best to help you.
- Progress notes. Each time you come in I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.

- Billing and insurance information.

I use this information for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to me. (I will not talk to any of these individuals without your prior written authorization).
- To show that you actually received the service from me that I billed to you or to your health insurance company.

When you understand what is in your record and what it is used for you can make better decisions about whom, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy I can make one for you (but may charge you for the costs of copying and mailing, if you want it mailed to you). If you find anything in your records that you think is incorrect or believe that something important is missing you can request an amendment (add information to) to your record, although in some rare situations I don't have to agree to do that. We can discuss together what you would like to add and decide together what is best for you.

## C. Privacy and the laws

I am required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA law requires me to keep your Personal Healthcare Information (or PHI) private and to provide you this **Notice of Privacy Practices (NPP)** outlining my legal duties and my privacy practices. I will obey the rules of this Notice as long as it is in effect. However, if I make changes to this Notice, the rules of the new NPP will apply to all of the PHI that I keep. If I change the NPP I will post the new Notice in my office where everyone can see. You or anyone else can also obtain a copy from me at any time.

In some cases, the laws in the State of Florida that govern my profession differ or are more strict regarding privacy and confidentiality of the information you provide while in therapy with me. When this is the case, I must abide by the law that is stricter when it comes to your protection. Please understand that I will do my best to protect you and your information to the best of my ability as provided by law (state and federal).

## D. How your protected health information (PHI) can be used and shared

When your information is read by me and used by me to make decisions about your care, the HIPPA law terms that “**use.**” If the information is shared with or sent to others outside this office, the law terms that, “**disclosure.**” When I use your PHI here or disclose it to others I share only the **minimum necessary** PHI needed for those other people to do their jobs, unless law or ethics otherwise directs me. HIPPA gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed (shared). Thus, I have provided an outline explaining specifically how your information is used or shared.

### 1. Uses and disclosures of PHI in healthcare *with your consent*

After you have read this Notice you will be asked to sign a separate “**Informed Written Consent for Treatment**” form to allow me to use and share your PHI. In almost all cases your PHI will be used or shared with other people or organizations to provide **treatment** to you, to arrange for **payment** for my services, or some other business functions called health care **operations**. Together these routine purposes are called **TPO**. The Consent form allows me to use and disclose your PHI for TPO. Take a minute to re-read that last sentence

until it is clear because it is very important. Next I will tell you more about TPO.

### **1a. For treatment, payment, or health care operations.**

I need information about you and your condition to provide care to you. In order to provide proper treatment, I must have this information. Therefore you must sign the Consent form before we begin therapy. If you do not agree with the consent I cannot treat you.

When you come to see me, I will have you fill out registration and consent forms, which will be kept in your healthcare record here. As mentioned above, PHI is used or disclosed for three purposes: treatment, obtaining payment, and what are called healthcare operations. These terms are defined below.

#### ***For treatment***

I use your information to provide you with psychological treatment or services. These services might include individual, couple, family, or group therapy, treatment planning, or measuring the benefits of my services.

I may share or disclose your PHI to others who provide treatment to you. However, due to overriding confidentiality laws, I will not speak to anyone else without first obtaining a “release of information” form from you giving me permission to release such information. Once a release is obtained, those that I am likely to share your information with include: your personal physician, other professionals or consultants that I would refer you to for services I cannot provide. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, and they request information about you with the proper release of information, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

#### ***For payment***

I may use your information to bill you, for you to get reimbursed by your insurance company, or to bill others so that I can be paid for the treatment I provide to you.

#### ***For health care operations***

There are a few other ways I may use or disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide.

### **1b. Other uses in healthcare**

**Appointment Reminders:** I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want me to call you only at your home or your work or prefer some other way to reach you, I usually can arrange that. Just tell me.

**Treatment Alternatives:** I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

**Other Benefits and Services:** I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Business Associates.** There are some jobs I hire other businesses to do for me. Under HIPPA, they are called my Business Associates. Examples include a copy service I use to make copies of your health records and a billing service that figures out, prints, and mails my bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with me to

safeguard your information.

## **2. Uses and disclosures that require your *Authorization***

If I want to use your information for any purpose besides the TPO or those I described above I need your permission on an **Authorization to Release Information form**.

If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time I will not use or disclose your information for the purposes that we agreed to. Of course, I cannot take back any information I had already disclosed with your permission or that I had used in my office.

## **3. Uses and disclosures of PHI from mental health records that don't *require* a Consent or Authorization under HIPPA**

HIPPA allows me use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when I might have to share your information.

### **When required by law**

There are some federal, state, or local laws, which require me to disclose PHI.

- I have to report suspected child, elder, or disabled person abuse.
- If you are involved in a lawsuit or legal proceeding and I receive a signed court order I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. This involves me asserting, on your behalf, their right to privileged information.
- If you tell me or I suspect that you are going to harm yourself or someone else, I must inform the proper authorities.

*\*\*The following situations are allowed by HIPPA for me to disclose your information without your consent or authorization. However, the State of Florida laws regulating the mental health field require me to obtain your written authorization PRIOR to disclosing information to the following sources. Thus, I will follow state law in these cases. The following is still provided so that you may understand what is included in HIPPA.*

### **For Law Enforcement Purposes**

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal as the law requires.

### **For public health activities**

I might disclose some of your PHI to agencies, which investigate diseases or injuries as the law requires.

### **Relating to decedents**

I might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants, as the law requires.

### **For specific government functions**

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

## **4. Uses and disclosures where you have an opportunity to object**

I can share some information about you with your family or close others. I will only share information with

those involved in your care and anyone else you choose such as close friends or clergy. I will ask you about whom you want me to tell what information about your condition or treatment. You can tell me what you want and I will honor your wishes as long as it is not against the law. I will also obtain a release of information from you, to also cover my legal obligations under state law.

## **5. An accounting of disclosures**

When I disclose your PHI I will keep records of whom it was sent to, when I sent it, and what I sent. You may obtain an accounting (a list) of many of these disclosures.

## **E. Your rights regarding your health information**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place, which is more private for you. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your progress notes and billing records. You may even get a copy of such record, although there will be a nominal fee for copies made. This information excludes "psychotherapy notes," which are notes that I may write to record the conversation between you and I during a private counseling, group, joint or family session. The "psychotherapy notes" are protected by federal law and are for me only. If I decide to keep "psychotherapy notes," with regards to my treatment with you, and another provider requests these notes, I will need to have an authorization from you in order to release this information. At this time, I only keep progress notes, so this differentiation is not an issue.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make changes (called amendments) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from me.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

Also, you may have other rights, which are granted to you by the laws of our state and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise. As mentioned above, despite the differences, I am legally bound to the law that is stricter and best serves you regarding the therapeutic relationship.

## **F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above please speak to me as the "Privacy Officer." If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I promise that I will not in any

way limit your care here or take any actions against you if you complain.

If you have any questions regarding this Notice or these health information privacy policies, please contact me, **LaShanna S Stephens, MS, LPC, NCC** the designated Privacy Officer, at the address listed at the top of this form or I can be reached by phone at **(478) 216-7533**.

The effective date of this notice is October 1, 2014

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_ I/We acknowledge that I/We have received a copy of this form (initials).

\_\_\_\_\_ I/We acknowledge that I/We have refused a copy of this form (initials).