



XarisCounseling  
*Transforming mind, heart, life*

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## NOTICE OF PRIVACY PRACTICES

I am required by law to maintain the privacy of your health information. This Notice describes my legal duties and privacy practices. This Notice informs you how I may use and disclose your health information. This Notice also describes your rights and how you may exercise your rights, including obtaining access to your PHI. *Please review it carefully.*

### I. CONFIDENTIALITY

**Your Protected Health Information.** Protected health information (PHI) refers to your mental, behavioral, medical and other health care information. PHI is health information I have collected in my records from you or received from other health care providers. It may include information about your past, present or future physical or mental health or condition. For example, PHI in your records could include your symptoms, diagnosis, assessments and test results, treatment plan or evaluations, and referrals. PHI also includes information about payment for services.

**Confidentiality of Your PHI.** Your PHI is confidential. I am required to maintain the confidentiality of your PHI by the following federal and Pennsylvania laws.

- **The Health Insurance Portability and Accountability Act of 1996.** The Department of Health and Human Services issued the following regulations: “Standards for Privacy of Individually Identifiable Health Information.” These regulations are called the “HIPAA Privacy Regulations.” I may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require me to comply with Pennsylvania laws that are more stringent and provide greater protection for your PHI.
- **Pennsylvania Mental Health Confidentiality Laws.** For individuals who receive treatment and services from me, Pennsylvania laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. For example, I am not permitted to disclose or release PHI in response to a Pennsylvania subpoena. Also, any information acquired by a licensed psychologist or psychiatrist in the course of your treatment is privileged under Pennsylvania law and may not be released without your authorization or court order. Finally, if mental health records include information relating to drug or alcohol abuse or dependency, I am required to comply with the

Pennsylvania Drug and Alcohol Abuse Control Act. I will comply with the Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

### **Authorization to disclose your PHI**

Except as described in this Notice, it is my practice to obtain your authorization before I disclose your PHI to another person or party. If you are receiving services from me, Pennsylvania law states that you are entitled to inspect the PHI. You may revoke an authorization, at any time, in writing. If you revoke an authorization, I will no longer use or disclose your PHI. However, I cannot undo any disclosures I have already made.

Psychotherapy notes are not among the records that you may, by law, review or copy, unless I believe it is in your best interest to access them. I will be happy to discuss the issue of psychotherapy notes with you if you have any questions.

## **II. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION – PAYMENT, TREATMENT AND HEALTH CARE OPERATIONS**

Unless prohibited by more stringent Pennsylvania mental health, mental retardation, substance abuse or other laws, the HIPAA Privacy Regulations permit me to use and disclose your PHI for the following purposes in order to provide your treatment.

**Payment:** While I am not currently working with insurance companies, I will provide a receipt to you, per your request, for you to submit to your insurance company. If your health insurance company needs more information than what is provided on your receipt, I will provide only the minimum amount of information necessary for the insurance company to process the claim. This may include the diagnosis and explanation of care provided.

**Treatment:** I may disclose/discuss your PHI to/with another health care provider (e.g., your psychiatrist or primary care physician) in order to provide the best treatment and medication for you. When you are referred to another provider, I am permitted to provide your PHI if it is necessary for the continuity of your care and treatment. Likewise, your psychiatrist or primary care physician, for example, may discuss certain medication management issues with me so I can collaborate in treatment.

**For Health Care Operations.** I may use and disclose your PHI in order to carry out my health care operations. For example, your PHI is used for: business management and general administrative duties; quality assessment and improvement activities; medical, legal and accounting reviews; business planning and development; licensing and training. My supervisor may use PHI in your record to assess the care and outcomes in your case and others like it. This information will then be used to improve the quality and effectiveness of the services I provide.

## **III. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION/ LIMITATIONS OF CONFIDENTIALITY**

Besides use and disclosure for treatment, payment and health care operations, I may use and disclose your personal health information without authorization for the following purposes.

- **Abuse, Neglect or Domestic Violence:** I may disclose protected health information about you to a state or federal agency if I am required or permitted by law to report child or vulnerable adult abuse or neglect or domestic violence. When possible, and as consistent with my professional judgment in order to avoid harm to you or others, I will inform you of the need to make such a disclosure.
- **Judicial or Administrative Proceedings:** I may disclose health information about you in the course of a judicial or administrative proceeding as required by law. For example, if a court orders me to release information, I must generally comply with the order. In some circumstances, I may be required to turn over information in response to a subpoena. If I receive a subpoena for your records, I will attempt to contact you and/or your attorney if that is feasible. Your attorney may be able to file a motion that will lead to restraint of a court order.
- **Law Enforcement:** If authorized or required by law, I may release health information to law enforcement officials. For example, I may release information to help identify a suspect or fugitive or report a crime related to a medical emergency.
- **Health Oversight Activities:** I may disclose health information about you to governmental, licensing, auditing or health care accrediting agencies where authorized or required by law. For example, information may be released to the state counselor licensure board if a complaint is filed against me.
- **Appointment Reminders and other Health Services:** I may contact you to remind you of appointments or to inform you of treatment alternatives or other options and services that may be of interest to you.
- **Prevention of Serious Threat to Public Health or Safety:** In accordance with law and ethics, I may use and disclose health information about you to prevent or minimize the risk of a serious and imminent threat to your health and <sup>SEP</sup>safety or to the health and safety of another person or the public.
- **Minors:** If you are an unemancipated minor under the law of the state of Pennsylvania, I may, in certain circumstances, disclose health information about you to a parent, guardian or other authorized person, in accordance with law and ethics.
- **Parents:** If you are the parent of an unemancipated minor, I may disclose health information about your child to you in certain circumstances. For example, if I must legally obtain your consent in order to treat your child, when you are acting as your child's "personal representative" under law, I may disclose health information about your child to you. In other circumstances, such as when your child is legally authorized to consent to treatment without a separate consent from you, and where the child does not request that you act as his/her "personal representative," I may not disclose health/mental health information about your child to you without your child's authorization.
- **Personal Representative:** If you are an adult or emancipated minor, I may disclose health information about you to a "personal representative" authorized to act on your behalf in making health care decisions.
- **Research and Related Activities:** I may disclose health information about you for research purposes in accordance with my legal and ethical obligations. Additionally, federal law allows me to create a "limited data set," which does **not** include information such as your name, address, and other personal identifying information. This limited data set may be shared with those who have signed a contract promising to protect the privacy of the information and to use it *only for research, health care oversight and health care operations*.
- **Worker's Compensation/Employee Assistance Program:** I may disclose health information about you for worker's compensation or employee assistance program as

authorized or required by law. These programs provide benefits for certain work-related illnesses and injuries or employee related mental health issues.

- **Required by Law:** I may disclose information about you when required to do so by federal, state or other applicable law.

### **Your Rights Regarding Health Information**

You have certain rights regarding health information that I record and maintain about you. These rights include:

- **Right to Request Confidential Communication.** You have the right to request I send confidential communication to you in a certain way or at an alternative location. For example, you can ask that I only contact you at your home or by mail. I will accommodate reasonable requests. I may also condition this accommodation by asking you for specific information. I will not request an explanation from you as to the basis for the request. Please make this request in writing specifying how or where you wish to be contacted. I may request that you give me an alternative means to reach you, especially if there is an emergency. If I am unable to contact you using your requested means, I may contact you using any information I have.
- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI that is contained in my records. However, you may not inspect or copy the following records: psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding. In addition, you may be denied access to your PHI if:
  - It was obtained from a person under a promise of confidentiality; or
  - Disclosure is likely to endanger the life and physical safety of you or another person.

If I am unable to accommodate your request, I will inform you in writing of the reason for the denial and your right, if any, to request a review of the denial. A decision to deny access may be reviewed. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, or other related costs.

- **Right to Request Restrictions.** You have the right to request that I restrict or limit certain uses and disclosures of information. You may be asked to submit this request in writing. However, I am not required to agree to your request. I will let you know whether I am able to honor your request.
- **Right to Receive a Paper Copy of this Notice.** You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive it electronically. In order to make any requests or exercise any rights set forth above, you must submit your request in writing to: Wendell Scanterbury, Ph.D. I can be reached at 347-244-4050 or by e-mail at [wendell@xariscounseling.com](mailto:wendell@xariscounseling.com)

### **Questions or Complaints**

If you believe that your privacy rights have been violated, you may file a written complaint and address it to Wendell Scanterbury, Ph.D. as noted above. If my response or this step does not satisfactorily address your concern, you may complain to the Secretary of Health and Human Services (HHS). Instructions for filing a complaint with the appropriate office for your region can be found at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>. Or, you may call 1-800-368-

1019 and request instructions for filing a complaint. There will be no retaliation for filing a complaint.

**Future Changes to this Notice and My Privacy Practices**

I reserve the right to amend the terms of my privacy practices and policies and this Notice. If this Notice is revised, the changed terms will apply to all protected health information, including information obtained before the effective date of the revised Notice. Any materially revised Notice will be distributed to all clients, posted in my waiting area and posted on my website.

EFFECTIVE DATE: \_\_\_\_\_

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347.244.4050

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**CLIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Dr. Scanterbury's Notice of Privacy Practices.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature:

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Printed Name:

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Date: \_\_\_\_\_