

Sterlingworth Center
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HIPAA Notice of Privacy Practices

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

Privacy Practices Regarding Protected Health Information

We are required to give this notice to you under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes our policies related to the use and disclosure of your healthcare information. We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession. A copy of this statement is always available upon request.

All information revealed by you in counseling or therapy sessions and most information placed in your counseling/therapy file is considered “protected health information” by HIPAA. As such, your protected health information cannot be distributed to anyone else without your express informed and voluntary written consent or authorization. The exceptions to this are defined below.

Uses and Disclosures for Purposes of Providing Services

Your Protected Health Information (PHI) is any information about your past, present, or future physical or mental health conditions or treatment, or any other information that could identify you. By signing this form, you are giving consent for us to “use” your PHI within our practice group, or “disclose” your PHI to an outside entity for the following purposes:

- **Treatment**: providing, coordinating, or managing your health care and other services related to your health care. An example would be when your therapist consults with your family physician or makes a referral.
- **Payment**: obtaining reimbursement for your healthcare.
- **Health Care Operations**: activities that relate to the performance and operation of our practice. Examples include quality assessment, improvement activities, and clinical peer review.

Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse**: If your therapist has reasonable cause to believe that a child has suffered abuse or neglect, she/he is required by law to report it to the proper law enforcement authorities.
- **Adult and Domestic Abuse**: If your therapist has reasonable cause to believe that abandonment, abuse, financial exploitation, sexual or physical assault, or neglect of a vulnerable adult has occurred, she/he must immediately report it to the appropriate authorities.
- **Health Oversight**: If the State Department of Health subpoenas your therapist as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure to therapists, she/he must comply. This could include disclosing your relevant mental health information.
- **Judicial or Administrative Proceedings**: If you are involved in a court proceeding, we will release information only with the written authorization of you/your legal representative, or a subpoena of which you have been notified, or a court order. (This privilege does not apply when you are being evaluated for a third party or for the court. You will be informed in advance if this is the case.)

- Serious Threat to Health or Safety: We may disclose your mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.
- Worker's Compensation: If you file a worker's compensation claim, we must make all mental health information in our possession that is relevant to the injury available to your employer, your representative, and the Department of Labor and Industries upon their request.

Uses and Disclosures Requiring Authorization

Outside of the exceptions listed above, we will not release your PHI unless you sign an Authorization for Release of Information Form authorizing that specific disclosure. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have already released information based on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Client's Rights

- Right to Request Restrictions: You have the right to request restrictions on specific uses and/or disclosures of your PHI. However, we are not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (for example, only calling you at work).
- Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of PHI in our mental health and billing records. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.
- Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request if we believe the original information is accurate.
- Right to an Accounting of Disclosures: You have the right to receive a list of the disclosures that our office has made of your PHI. Some exceptions do apply.
- Right to Complain: If you believe your privacy rights have been violated, please contact us personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. To file a complaint, you can contact the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists at the following address: Synergy Business Park; Kingtree Building
110 Centerview Dr.
Columbia, S.C. 29210

I, _____, have read and understand this HIPPA Notice of Privacy Practices and my rights as a client, and I have been given sufficient information regarding any questions I have had concerning its contents.

Signature: _____ Date: _____