

## SOUTH CAROLINA PRIVACY NOTICE FORM

### HIPPA PRIVACY STATEMENT

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#### Notice of Policies and Practices to Protect the Privacy of Your Health Information

This Notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

#### Uses and Disclosures for Treatment and Health Care Operations

I may use or disclose your Protected Health Information (PHI) for treatment purposes with your consent. To help clarify these terms, here are some definitions:

- PHI refers to information in your health record that could identify you.
- “Treatment” is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider.
- “Use” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

#### Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, I will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are notes I have made about our conversation during a private, group, joint or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization.

#### Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If I have reasonable cause, on the basis of my professional judgment, to suspect abuse of children with whom I come into contact in my professional capacity, I am required by law to report this to the Department of Social Services
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation, or abandonment), I may report such to the local agency which provides protective services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat. I must take reasonable measure to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

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**Patient's Rights and Counselor's Duties:**

*Patient's rights:*

**Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send communications to another address or phone number.)

**Right to Inspect and Copy** – You have the right to inspect or obtain a copy of PHI in my mental health record for as long as the PHI is maintained in the record. However, I reserve the right to deny your access to PHI under certain circumstances. On your request, I will discuss with you the details of the request and denial process.

**Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. However, I reserve the right to deny your request. Upon your request, I will discuss with you the details of the amendment process.

**Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in the next section of this Notice). On your request, I will discuss with you the details of the accounting process.

*Counselor's Duties:*

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a revised notice by mail or in person.

**Complaints:**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please bring this to my attention.

**Effective Date, Restrictions and Changes to Privacy Policy**

This notice will be in effect as of April 14, 2003.

I have read this Privacy Policy and I am aware that I am entitled to a copy of this policy if I request.

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

\_\_\_\_\_  
Date

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Signature of Parent or Legal Guardian  
(If Client is Under 18)

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date