



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.

I am committed to protecting health information about you by complying with all applicable federal and state privacy and confidentiality laws and regulations. These laws require that health information that identifies you is kept private and confidential. These laws also require that I give you this notice of my legal duties and privacy practices with respect to health information about you, and that I follow the terms of the notice that is currently in effect.

- 1) **Uses and Disclosures WITH Your Authorization:** Generally, I will use or disclose your health information only when you give your authorization in writing for me to do so. You may revoke your authorization except to the extent that I have already taken action upon the authorization. There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent, which are set forth below.
- 2) **Uses and Disclosures WITHOUT Your Authorization:** Even when you have not given your written authorization, I may use and disclose information under the circumstances listed below.
 - a) *Treatment.* I may use or disclose health information about you for treatment purposes. Treatment includes diagnosis, treatment and other services, including discharge planning. For example, if I decide to consult with another health care provider about your condition, I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist me in the diagnosis or treatment of your mental health condition. In addition, therapists may disclose your health information to each other to coordinate individual and group therapy sessions for your treatment or to discuss information about treatment alternatives or other health-related benefits and services that are necessary or may be of interest to you.
 - b) *Payment.* I may use and disclose health information about you so that the services you receive may be billed to and payment may be collected from you, an insurance company, or another third party. For example, if your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, I am permitted to use and disclose your personal health information. I may also tell your health plan about services you are going to receive, to obtain prior approval or to determine whether your plan will cover the rest of the services.

- c) *Health Care Operations.* I may use or disclose health information about you for the purposes of health care operations that include internal administration and planning and various activities that improve the quality and effectiveness of care. For example, if your health plan decides to audit Lynn Miller, LLC, in order to review my competence and performance, or to detect possible fraud or abuse, your health information may be used or disclosed for those purposes. Sometimes I may hire outside parties to help me carry out certain health care operations, such as computer maintenance performed by outside companies. If such outside parties will have any access to your health information when they are performing their jobs, I will require that they appropriately safeguard your information. This list of examples is for illustration only and is not an exclusive list of all potential uses and disclosures that may be made for health care operations.
- d) *Appointment Reminders, Treatment Alternatives, and Additional Services.* I may use or disclose health information about you to provide appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. Be sure to let me know where and by what means (e.g., telephone, letter, email, fax) you may be contacted.
- e) *When Required by Law.* I may use or disclose health information about you as required by state or federal law. For example, I may disclose such information in the following circumstances:
- i) If disclosure is compelled by a court pursuant to an order of that court.
 - ii) If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
 - iii) If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
 - iv) If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority.
 - v) If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
 - vi) If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
- f) *When Compelled or Permitted by Law in Certain Circumstances.* I may use or disclose health information about you when compelled or permitted by state or federal law in the following circumstances:
- i) *For Health or Safety of You or Others.* I may disclose your health information to avert or lessen a serious threat of harm to you, to others, or to the public. I may be compelled to disclose your health information where you have made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law.
 - ii) *Child Abuse or Maltreatment of Vulnerable Adults.* I may disclose your health information for the purpose of reporting child abuse and neglect, or the maltreatment of vulnerable adults, to public health authorities or other government authorities authorized by law to receive such reports.
 - iii) *Commission of a Crime.* I may disclose your health information to the police or other law enforcement officials if you commit a crime on the premises or against an employee or agent of Lynn Miller Counseling or threaten to commit such a crime.
 - iv) *Death.* I may disclose your health information to a coroner, medical examiner or other authorized person in the event of your death in order to determine the cause of your death.

- v) *Authorized Representatives.* I may disclose your health information to a person appointed by a court to represent or administer your interests.
 - vi) *Department of Health and Human Services.* I may disclose your health information to the United States Department of Health and Human Services when disclosure is compelled or permitted to investigate or determine my compliance with privacy requirements under the federal regulations (the "Privacy Rule").
- 3) **Your Individual Rights:** *Right to Receive Confidential Communications.* Normally I will communicate with you through the phone number and address that you provide to us. If you desire us to use alternative methods of communication, you may provide us with a written request, and I will attempt to accommodate any reasonable request for alternative means of communications or for alternative locations where you wish to receive our communications.
- a) *Right to Request Restrictions.* You have the right to request restrictions on certain uses and disclosures of health information about you, such as those necessary to carry out treatment, payment, or health care operations. I am not required to agree to your requested restriction. If I do agree, I will maintain a written record of the agreed upon restriction.
 - b) *Right to Inspect and Copy Your Health Information.* You have the right to inspect and copy health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, I am permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to my "psychotherapy notes". The term "psychotherapy notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical (includes mental health) record. The term excludes counseling session start and stop times, the modalities and frequencies of treatment furnished, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
 - c) *Right to Amend Your Records.* You have the right to amend your health information in our records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, I am permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide me with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of our records. When I "amend" a record, I may append information to the original record, as opposed to physically removing or changing the original record.
 - d) *Right to Receive an Accounting of Disclosures.* You have the right to receive an accounting from me of the disclosures of protected health information made by Lynn Miller Counseling in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, I am permitted to deny the request for specified reasons. For instance, I do not have to account for disclosures made in order to carry out my own treatment, payment or health care operations. I also do not have to account for disclosures of protected health information that are made with your written authorization. If you request an accounting more than once during a twelve (12) month period, there will be a charge. You will be told the cost prior to the request being filled.
 - e) *Right to Receive a Paper Copy of This Notice.* Upon request, you may obtain a paper copy of this notice.

4) Effective Date and Right to Change the Notice

- a) *Effective Date.* This notice is effective on November 1, 2018.
- b) *Right to Change Terms of This Notice.* I reserve the right to change the terms of this notice and/or my privacy practices and to make the changes effective for all protected health information that I maintain, even if it was created or received prior to the effective date of the notice revision. If I make a revision to this notice, I will make the notice available at my office upon request on or after the effective date of the revision and I will post the revised notice in a clear and prominent location.

5) Contact Person for Information or to Submit a Complaint

- a) *Contact Persons.* If you have any questions regarding this notice, please contact Lynn Miller at 571 High St., Worthington, Ohio 43081 or (614) 702-7011.
- b) *Where to Submit a Complaint.* If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, contact:

Counselor, Social Worker and Marriage & Family Therapist Board
77 South High Street, 24th Floor, Room 2468
Columbus, Ohio 43215-6171
Phone 614-466-0912