

Notice of Privacy Practices

Turning Leaf Counseling LLC

HIPAA NOTICE OF PRIVACY PRACTICES

Your Information. Your rights. My responsibilities.

As your therapist, I am required by law to maintain the privacy of protected health information. Protected Health Information (“PHI”) includes any individually identifiable information about your physical or mental health, the health care you receive, and the payment for your health care. This notice describes how your PHI may be used and disclosed and how you can get access to this information. Please review it carefully.

My Pledge Regarding Health Information

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- 1. Get a paper copy of your medical record.** You can ask to see or get a paper copy of your medical record and other health information I have about you for as long as the PHI is maintained in the record. I will provide a copy or, where clinically appropriate, a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.
- 2. Ask me to correct your medical record.** If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You must make this request in writing and share the reasons you want to make the changes. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- 3. Request confidential communications.** You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment, or to send mail to a different address. I will agree to all reasonable requests.
- 4. Ask me to limit what I use or share.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your

request, and I may say “no” if I believe it would affect your health care. You can ask me to limit what is told to certain individuals involved in your care or the payment for your care, such as family members and friends. While I do not have to agree to your request, if there is an agreement, it will be honored except if it is against the law, in an emergency, or when the information is necessary to treat you.

5. Get a list of those with whom I’ve shared information. You can ask for a list (accounting) of the times I’ve shared your health information for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

7. Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person may be able to exercise your rights and make choices about your health information. If you have appointed a health care proxy, and your proxy has been properly activated by a physician. I will make sure the person has this authority and can act for you before I take any action.

8. File a complaint if you believe your privacy rights have been violated. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. All complaints must be in writing. I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, please tell me what you want me to do, and I will follow your instructions.

1. You have both the right and choice to tell me to share information with your family, close friends, or others involved in your care. This requires your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization.

2. In these two cases, I never share your information unless you give me written permission: a) marketing purposes, and b) sale of your information.

My Uses and Disclosures

I typically use or share your health information in the following ways:

1. **Treat you.** I use health information about you to provide, coordinate and manage your treatment and related services.

2. **Run my practice.** I can use and share your health information to run my practice and improve your care.

3. Bill for your services. I can use and share your health information to bill and receive payment for the treatment services provided to you.

Your authorization or consent is not required in the following circumstances:

1. Emergency situations. If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information to assist relevant authorized personnel in the event of a medical or mental health emergency.

2. Serious Threat to Health or Safety. If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. This includes if you communicate explicit threat, intent, and ability to carry out serious harm to property as well. I will only share information with a person or organization that is able to prevent or reduce that threat.

Furthermore, if you present a clear and present danger to yourself (for example, suicidal ideation or impaired judgment due to mental illness) and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

3. Child abuse. If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the Massachusetts Department of Children and Families or New Hampshire's Division for Children, Youth and Family's (DCYF) Child Protection Bureau.

Elder abuse. If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, neglect, or exploitation I must immediately make a report to the Massachusetts Department of Elder Affairs or the New Hampshire Bureau of Elderly and Adult Services, Adult Protective Services.

4. Abuse of a disabled person. If I have reasonable cause to suspect abuse, neglect, or exploitation of an adult (ages 18-59) with mental or physical disabilities, I must immediately make a report to the Massachusetts Disabled Persons Protection Commission or to the New Hampshire Bureau of Elderly and Adult Services, Adult Protective Services.

5. Health Oversight Activities. Health oversight agencies have the power, when necessary, to request relevant records, should I be the focus of an inquiry, including investigations and audits.

6. Judicial or Administrative Proceedings. If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release information without written

authorization from you or your legally-appointed representative, 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. The privilege also does not apply in certain proceedings to dispense with consent to the adoption of child, to provide for the care and protection of a child or to place a child in foster care. Nor does the privilege apply to any proceeding where I have acquired the information while conducting an investigation.

7. Worker's Compensation. If you file a workers' compensation claim, your records relevant to that claim may be disclosed for purposes of the worker's compensation proceeding if ordered by the presiding officer.

8. Specialized Government Functions. I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

9. Legal proceeding or complaint against me. If you initiate a legal proceeding or submit a complaint against me.

How else can I use or share your health information?

I am allowed or required to share your information in other ways. I have to meet many conditions in the law before I can share your information for these purposes. For more information see:

<https://www.hhs.gov/hipaa/index.html>

1. In the event of your death. I will disclose or not disclose your information based on your preferences. However, I also have to follow federal and state legal requirements, which may require disclosure. The personal representative of your estate (administrator or executor of your will) or your duly authorized legal representative can still have access to your records based on state law requirements.

2. Respond to lawsuits and legal actions. I can share health information about you in response to a court or administrative order. I can also share health information about you in response to a subpoena if you have first received notice that the subpoena will be issued and have not objected to the subpoena within the time period for objections under state law.

3. Comply with law enforcement. I may be required to disclose your PHI for authorized law enforcement purposes or with an authorized law enforcement official but only to the extent provided by law or regulation.

My Responsibilities

1. I am required by law to maintain the privacy and security of your protected health information.
2. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. I must follow the duties and privacy practices described in this notice and give you a copy of it.

4. I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind. If you tell me in writing I can use or share your information and more than one person is receiving mental health counseling along with you, each such person must also agree in writing that I can use or share information about him/her or information obtained from him/her or information obtained in his/her presence.

For more information see:

https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer_summary.pdf

Changes to the Terms of This Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request and on my website.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Effective date of notice: January 8, 2024