



GOODWIN COUNSELING SERVICES LLC

Practice Information Goodwin Counseling Services LLC 760 Central Street, Unit #3 Franklin, NH 03235 goodwin counselingllc@gmail.com (802) 523-3517

Effective Date: 5/18/21

NOTICE OF PRIVACY PRACTICES

IMPORTANT NOTICE

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

I. 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 and need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all records of your care generated by this mental health care practice. It describes how I may use and disclose your health information, your rights regarding that information, and my legal obligations.

I am required by law to:

- Maintain the privacy of protected health information (“PHI”)
- Provide you with this notice of my legal duties and privacy practices
- Follow the terms of the notice currently in effect

I may change the terms of this notice. Any changes will apply to all information I have about you. Updated notices will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe how health information may be used or disclosed. Not every use or disclosure is listed, but all permitted uses fall within these categories.

Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers to use or disclose PHI without written authorization for treatment, payment, or health care operations. This includes consultation with other licensed providers to assist in diagnosis and treatment.

Disclosures for treatment purposes are not limited to the minimum necessary standard, as providers may need full access to records to provide quality care. Treatment includes coordination of care, consultations, and referrals.

Lawsuits and Disputes



If you are involved in a lawsuit or legal dispute, I may disclose PHI in response to a court or administrative order, subpoena, or lawful process, provided appropriate efforts have been made to notify you or protect the information.

III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Psychotherapy Notes

I maintain psychotherapy notes as defined by federal law. Use or disclosure of these notes requires your written authorization unless permitted by law, including:

- Use in treating you
- Training or supervision of mental health professionals
- Defense in legal proceedings initiated by you
- HIPAA compliance investigations
- Legal requirements or health oversight activities
- Coroner duties
- Preventing a serious threat to health or safety

Marketing and Sale of PHI

Your PHI will not be used for marketing purposes or sold in the regular course of business.

IV. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

Subject to legal limitations, PHI may be used or disclosed without authorization for:

- Compliance with state or federal law
- Public health activities (including reporting abuse or threats to safety)
- Health oversight activities (audits and investigations)
- Judicial and administrative proceedings
- Law enforcement purposes
- Coroners or medical examiners
- Specialized government functions
- Workers' compensation purposes

Appointment Reminders and Services

PHI may be used to contact you for appointment reminders or to provide information about treatment alternatives or related services.

V. USES AND DISCLOSURES REQUIRING OPPORTUNITY TO OBJECT

PHI may be disclosed to family members, friends, or others involved in your care or payment unless you object. Consent may be obtained retroactively in emergency situations.



VI. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- Request limits on uses and disclosures of PHI
- Request restrictions for services paid out-of-pocket in full
- Request confidential communication methods
- Inspect and obtain copies of your record (excluding psychotherapy notes)
- Request an accounting of disclosures
- Request corrections or updates to your PHI
- Receive a paper or electronic copy of this notice

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding your protected health information. By checking the box below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

Date: _____

Patient Name Printed: _____

Patient Date of Birth: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____