

# ROCKEY

## COUNSELING SERVICES LLC.

### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED; AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”) and is HIPPA COMPLIANT. This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with the opportunity to review any revisions and will have a copy of the revised Notice of Privacy Practices in the office and can send a copy to you in the mail upon request.

I never market or sell personal information. Though I offer opt-in abilities to send/receive text messages with my practice, no mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

#### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors, supervising physicians or other treatment team members.

**For Payment:** I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing

claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If you have indicated an outside source of payment such as your employer or congregation, I may disclose information only with your authorization.

**For Health Care Operations:** I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization.** Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are:

- **Required by Law.** In situations of mandatory reporting of child or elder abuse and/or neglect, or in the case of mandatory government agency audits or investigations (such as the social work licensing board or the health department)
- **An acknowledgment of a felony that has been or is being committed.**
- **Required by court order.** Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission.** I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding your protected health information (PHI) I maintain about you. To exercise any of these rights, please submit your request in writing to 1210 W High Street Suite C. Bryan, OH 43506 or at [stefanie@rockeeycounselingservicesllc.com](mailto:stefanie@rockeeycounselingservicesllc.com).

- **Right of access to inspect and copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to amend:** If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment.

- Right to an accounting of disclosures: You have the right to request an accounting of the certain disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- Right to request restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- Right to request confidential communication: You have the right to request that I communicate with you about medical matters in a certain way or at a certain location to protect confidentiality.
- Right to a copy of this notice: You have the right to a copy of this notice.

**COMPLAINTS:** It is my hope that I never cause you any type of harm. However, if you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

The effective date of this notice is 5/1/2025.