

A STRAND OF HOPE COUNSELING

JESSICA ELLIOTT, LMFT-ASSOCIATE

SUPERVISED BY DANA LEWIN LMFT-S

(817) 609-4219

Notice of Privacy Practices

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

Jessica Elliott is required by law to abide by the terms of this *Notice of Privacy Practices*, allow you to review this *Notice* prior to granting consent, and notify you of changes/revisions to this *Notice*. If you believe your privacy rights have been violated, you may submit a written complaint to Jessica Elliott, or the Secretary of Health and Human Services describing in detail the way you feel your privacy rights have been violated. Jessica Elliott will not retaliate against you in any way for filing a complaint against them, or with the Secretary.

Your Private Health Information (PHI)

Each time you have contact with a healthcare provider for delivery of healthcare, a record of your contact/visit is prepared. This record, maintained in written, oral, or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment, and future care. Your healthcare record is the physical property of Jessica Elliott, but you have certain rights to restrict some of the uses or disclosures of the information contained in your healthcare record. Jessica Elliott, however, has the right to use and disclose the information contained in your healthcare record in the process of providing treatment, receiving payment, and performing other regular health operations such as:

- Documenting and describing the care you received for legal purposes.
- Communicating with other healthcare providers who may be involved in your case.
- Educating health care professionals.
- Evaluating and improving the care you receive, and the outcomes achieved.
- Billing and verification of services provided to you.

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of A Strand of Hope Counseling. A Strand of Hope Counseling is required by law to maintain privacy and confidentiality of your health information, provide you with this Notice of Privacy Practices, notify you of your rights to restrict use of this information, notify you if A Strand of Hope Counseling is unable to agree to a requested restriction, and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice. Examples of disclosure of your PHI and your rights concerning PHI are continued below. If you have questions or would like additional information, contact Jessica Elliott at (817) 609-4219.

Client(s) Name: _____ Date: _____

Examples of Disclosure of your PHI

Healthcare delivery and treatment: Information obtained from you by Jessica Elliott is documented in your record and used for the assessment, evaluation, diagnosis, and treatment of your health conditions. This information is provided to other healthcare professionals, such as other physicians, specialists, hospital-based providers, and/or other healthcare providers following your treatment by Jessica Elliott. However, this information would only be provided to these individuals with your expressed consent.

Billing and Payment: Your PHI is utilized to justify the level of care delivered to you and the charge incurred for the services. This information generally accompanies the bill and is sent to our payers.

Other healthcare operations: Jessica Elliott may disclose your PHI to other individuals and business for her to perform her day-to-day operations. These other individuals and businesses include business associates such as vendors and/or contractors used for billing and claims management. These individuals are held to the same standard of privacy and confidentiality as Jessica Elliott.

Reminders and Treatment: Jessica Elliott may contact you to provide you with information she feels is useful or helpful to you, based on your PHI. For example, they may contact you to schedule an appointment or as an appointment reminder, to suggest alternative treatments, or to provide you with information on treatments you are already receiving.

Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that Jessica Elliott has already taken action in reliance on your prior authorization. The only exceptions to this would be under circumstances that are life-threatening, in an emergency, such as an individual being acutely suicidal or in some other way in extreme danger, or for public health activities, including reporting suspected child, elder, dependent adult abuse, or when subpoenaed or as required by law. Not all information provided by you to Jessica Elliott will be recorded in a healthcare record, only that information considered by her to be critical to providing your care. Other information regarding personal matters in your private life and affairs will not be made part of a healthcare record document.

Client(s) Name: _____ Date: _____

Your Rights Concerning PHI – Except as otherwise provided by law, you have the right to:

- Receive a paper copy of this *Notice of Privacy Practices* if you have agreed to receive it electronically.
- Receive a confidential communication of PHI if a request is submitted to A Strand of Hope Counseling.
- Inspect and copy PHI or records about you in a designated record set if the PHI is maintained in the record set.
- Ask Jessica Elliott to amend PHI or records about you in a designated record set if the PHI or record is maintained in the record set (Jessica Elliott is not required to change the information if she deems it to be accurate).
- Receive an accounting of disclosures of PHI (a list of the disclosures made by Jessica Elliott about you for reasons other than treatment, payment, or healthcare operations).

AND

- Request that Jessica Elliott restricts uses or disclosures of your PHI. Though Jessica Elliott is not required to agree to a restriction, to the extent that it does agree with your request, Jessica Elliott may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment or is otherwise permitted or required by law.

Acknowledgement of Receipt of Privacy Notice

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 checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client(s) Name: _____ Date: _____