

NOTICE OF PRIVACY PRACTICES

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

By law, the office of Terry L. Chapman, LLC, dba TLC Collaborative Counseling [hereafter, referred to as TLC Collaborative Counseling] may disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your written authorization. The office may use your PHI without your authorization. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when the office of TLC Collaborative Counseling provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another mental health professional.
 - *Payment* refers to the process of obtaining reimbursement for your healthcare. Examples of payment are when the office of TLC Collaborative Counseling discloses your PHI to your health insurer to facilitate reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of the office of TLC Collaborative Counseling. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within the office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the office, such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

The office of TLC Collaborative Counseling may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when the office is asked for information for purposes outside of treatment, payment, or health care operations, your therapist will obtain an authorization from you before releasing this information. The office of TLC Collaborative Counseling will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes that your therapist may have made about the conversation during a individual, group, couple, or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) TLC Collaborative Counseling has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

By law, the offices of TLC Collaborative Counseling may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If your therapist knows or has reasonable cause to suspect in a professional capacity that an identified child has been, or is in immediate danger of being, a mentally or physically abused or neglected child, your therapist must immediately report such knowledge or suspicion to the appropriate authority.
- *Adult and Domestic Abuse* – If your therapist believes that a vulnerable adult is in need of protective services because of abuse or neglect by another person, your therapist must immediately report this belief to the appropriate authorities.
- *Health Oversight Activities* – If the West Virginia Board of Social Work Examiners investigates the offices of TLC Collaborative Counseling, the office or your therapist may be required to disclose PHI to the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services your therapist provided you and/or the records thereof, such information is privileged under West Virginia law, and the offices of TLC Collaborative Counseling or your therapist will not release information without the written authorization of you or your legally appointed representative or a court order.
- *Serious Threat to Health or Safety* – If your therapist believes disclosure of PHI is necessary to your therapist may disclose the PHI to the appropriate individuals.

IV. Client's Rights and the Mental Health Professional's Duties

Client's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, the office of Terry L. Chapman, LLC, dba TLC Collaborative Counseling or your therapist are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, on your request, the office will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the offices of TLC Collaborative Counseling's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The office may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may be denied access to Psychotherapy Notes if your therapist believes that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. The offices



of TLC Collaborative Counseling shall notify you or your representative if the does not grant complete access. On your request, your therapist will discuss with you the details of the request and denial process. A reasonable fee will be charged for providing a copy of your PHI, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or an explanation or summary of the information.

- *Right to Amend* – You have the right to request an amendment of PHI if you feel it is inaccurate or incomplete. Your request must be made in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.
- *Right to an Accounting* – You have a limited right to receive an accounting of all disclosures of PHI to other persons or entities of your health information except for disclosures required for treatment, payment and healthcare operations, disclosures that require an authorization, disclosure incidental to another permissible use or disclosure, and otherwise allowed by law. There is no charge to you for the first accounting in any twelve-month period; however, you will be charged a reasonable fee for each subsequent request for an accounting within the same twelve-month period.
- *Right to a Paper Copy* – If this notice was initially provided to you electronically, you have the right to obtain a paper copy of the notice from us upon request.

Mental Health Professional’s Duties:

- The offices of TLC Collaborative Counseling and your therapist are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- The offices of TLC Collaborative Counseling reserve the right to change the privacy policies and practices described in this notice. Unless the office notifies you of such changes, however, the office is required to abide by the terms currently in effect.
- If the offices of TLC Collaborative Counseling revise these policies and procedures, the office will provide you with a revised notice of privacy policies and procedures either in person or by mail.

V. Complaints

If you are concerned that the office of Terry L. Chapman, LLC, dba TLC Collaborative Counseling or your therapist have violated your privacy rights, or you disagree with a decision your therapist made about access to your records, you may contact the **West Virginia Board of Social Work Examiners, PO Box 5459, Charleston, WV 25361 (304) 558-8816**

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 6, 2015.



NOTICE OF PRIVACY PRACTICES

I have been informed by TLC Collaborative Counseling and my therapist about how my medical and mental health information may be used and disclosed and how I can get access to this information.

THE FOLLOWING TOPICS WERE COVERED:

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

II. Other Uses and Disclosures Requiring Authorization

III. Uses and Disclosures without Authorization

By law, the office of Terry L. Chapman, LLC, dba TLC Collaborative Counseling may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse*
- *Adult and Domestic Abuse*
- *Health Oversight Activities*
- *Judicial and Administrative*
- *Serious Threat to Health or Safety*

IV. Client's Rights and the Mental Health Professional's Duties

Client's Rights:

- *Right to Request Restrictions*
- *Right to Receive Confidential Communications by Alternative Means*
- *Right to Inspect and Copy*
- *Right to Amend*
- *Right to an Accounting*
- *Right to a Paper Copy*

V. Complaints

If you are concerned that the office of Terry L. Chapman, LLC, dba TLC Collaborative Counseling or my therapist have violated your privacy rights, or you disagree with a decision your therapist made about access to your records, you may contact the **West Virginia Board of Social Work Examiners, PO Box 5459, Charleston, WV 25361 (304) 558-8816**

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Client name (print)

Date

Signature