

## HIPAA 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 IT CAREFULLY.

### What is "Medical Information"?

The term "medical information" is synonymous with the terms "personal health information" and "protected health information" for purposes of this Notice. It means, in essence, 1) any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, or others, and 2) that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care (e.g., mental health) to an individual; or the past, present, or future payment for providing health care to an individual.

OneHeartTLC Counseling and NEXUS Life Coaching and Consulting offers services provided by James A. Davidson, a Master level counselor in the state of Tennessee, License #1581. A Masters level Counselor is a therapist who has completed their educational, practicum and internship requirements and continues to receive supervision post-degree for several years from a fully licensed Counselor and/or Marriage and Family Therapist state approved supervisor.

OneHeartTLC Counseling and NEXUS Life Coaching /Consulting will create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as "medical records" or "mental health records," and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

### Uses and Disclosures

Without Your Authorization – For Treatment, Payment or Health Care Operations  
Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient to use or disclose the patient's personal health information, without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. An example of a use or disclosure for treatment purposes. If I decide to consult with another licensed health care provider about your condition, I would be permitted to

use and disclose your personal health information, which is otherwise confidential, in order to assist me in the diagnosis or treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care among health care providers or by a health care provider with a third party, consultations, between health care providers, and referrals of a patient for health care from one healthcare provider to another.

An example of a use or disclosure for payment purposes: If your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, I am permitted to use and disclose your personal health information. An example of a use or disclosure for health care operations purposes: If your health plan decides to audit my practice in order to review my competence and my performance, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

PLEASE NOTE: One of the therapists, or someone in this practice with its authority, may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact.

#### Other Uses and Disclosures Without Your Authorization:

I may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

- 1) If disclosure is compelled by a court pursuant to an order of that court.
- 2) If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
- 3) If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.

- 4) If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority.
- 5) If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
- 6) If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
- 7) If disclosure is compelled by the patient or the patient's representative pursuant to local law or by corresponding federal statutes or regulations (e.g., the federal "Privacy Rule," which requires this Notice).
- 8) If disclosure is compelled by local law governing abuse, neglect or domestic violence (for example, if there is a reasonable suspicion of child abuse or neglect).
- 9) If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- 10) If disclosure is compelled or permitted by the fact that you tell me of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims.
- 11) If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death.
- 12) As indicated above, I am permitted to contact you without your prior authorization to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you. Be sure to let me know where and by what means (e.g., telephone, letter, e-mail, fax) you may be contacted.
- 13) If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but not limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. The licensing authorities which

issues licenses to marriage and family therapists, licensed professional counselors, and psychologists is an example of a health oversight agency.

14) If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the "Privacy Rule").

15) If disclosure is otherwise specifically required by law.

#### PLEASE NOTE:

The above list is not an exhaustive list, but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information "in a specific and meaningful fashion. You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that I have taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining issuance coverage for you. If local law protects your confidentiality or privacy more than the federal "Privacy Rule" does, or if local law gives you greater rights than the federal rule does with respect to access to your records, I will abide by local law. In general, uses or disclosures by me of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when I request your personal health information from another health care provider, health plan, or health care clearinghouse, I will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the "minimum necessary" standard does not apply to disclosures to or requests by a healthcare provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

Your Rights Regarding Protected Health Information

- 1) You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. The clinic is not required to agree to your requested restriction. If the clinic does agree, the clinic will maintain a written record of the agreed-upon restriction.
- 2) You have the right to receive confidential communications of protected health information from the clinic by alternative means or at alternative locations.
- 3) You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute - in other words, the clinic is permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to "psychotherapy notes." The term "psychotherapy notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, & progress to date.
- 4) You have the right to amend protected health information in the clinic records by making a request to do so in writing that provides a reason to support the requested amendment. This right to amend is not absolute - in other words, the clinic is permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide the clinic with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
- 5) You have the right to receive an accounting from the clinic of the disclosures of protected health information made by the clinic in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, the clinic is permitted to deny the request for specified reasons. For instance, the clinic does not have to account for disclosures made in order to carry out the clinic's treatment,

payment or health care operations. The clinic also does not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.

- 6) You have the right to obtain a paper copy of this notice from the clinic upon request. PLEASE NOTE: In order to avoid confusion or misunderstanding, the clinic asks that if you wish to exercise any of the rights enumerated above, that you put your request in writing and deliver or send the written request to the clinic. If you wish to learn more detailed information about any of the above rights, or their limitations, please let the clinic know. I am willing to discuss any of these matters with you.

#### My Duties

OneHeartTLC Counseling and NEXUS Life Coaching/Consulting is required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of the clinic's legal duties, your rights, and the clinic's privacy practices with respect to such information.

The clinic is required to abide by the terms of the notice currently in effect.

The clinic reserves the right to change the terms of this notice and/or privacy practices and to make the changes effective for all protected health information that the clinic maintains, even if it was created or received prior to the effective date of the notice revision. If the clinic makes a revision to this notice, the clinic will make the notice available at the clinic upon request on or after the effective date of the revision and the clinic will post the revised notice in a clear and prominent location.

The owner of this practice, James A. Davidson, has a duty to develop, implement, and adopt clear privacy policies and procedures for this clinic and has done so. In general, patient records, and information about patients, are treated as confidential in this practice and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may be otherwise permitted by law. Patient records are kept secured so that they are not readily available to those who do not need them.

James A. Davidson is the owner of this practice. You may complain to her and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights may have been violated by the therapist or member of the practice.

You may file a complaint with me by simply providing me with the complaint in writing that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful. James A. Davidson will not retaliate against you in any way for filing a complaint with him or with the Secretary. Complaints to the Secretary must be filed in writing. A complaint to the Secretary can be sent to the U.S.

Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsythe Street, S.W., Atlanta, GA 30303.

If you need or desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact James A. Davidson.

As the owner for this practice, he will do his best to answer your questions and to provide you with additional information.