

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.

Your health 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 and treatment is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the ACA 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 a copy of any revised Notice of Privacy Practices at your next appointment or by sending a copy to you in the mail.

DISCLOSURE OF HEALTH INFORMATION

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 or other treatment team members. I may disclose PHI to any other consultant only with your written authorization.

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 it becomes necessary to use collection processes due to lack of payment for services, I will disclose the minimum amount of PHI necessary for purposes of collection.

Legal Mandates: Confidentiality and privacy are critical to effective counseling and a trusting therapeutic relationship. However, there are some situations in which I am legally required to release information about a client's treatment. These situations include: mandated reporting of suspected child abuse; if a client poses a specific and direct threat to him/herself; or if a client poses a specific and direct threat to others. In these situations, I must take appropriate action and alert the proper authorities. Every effort will be made to inform you of this action before the action is taken.

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

YOUR RIGHTS REGARDING PHI

You have the following rights regarding PHI that I maintain about you. To exercise any of these rights, please submit your request in writing to Dalton L. Rumfield, Jr., M.S., NCC, LPC.

- **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 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 certain of the disclosures that I make of you 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 you 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.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe that I violated your privacy rights, you have the right to file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. There will be no retaliation against you for filing a complaint.

The effective date of this notice is April 14, 2003

