



## *Tides of Mind Counseling*

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### **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.***

As a Mental Health Provider, **Tides of Mind Counseling** and its practitioners and staff (the “Staff”) are required by federal law to take reasonable efforts to maintain the privacy of your medical information. In the course of evaluation and treatment, we may receive and maintain medical information from other medical providers (“Providers”) from whom you have received services; this medical information is known as Protected Health Information, or PHI. In accordance with the law and for your benefit, we will at all times take reasonable steps to secure client records, adopt clear privacy procedures, and restrict other parties’ access to your PHI – while ensuring that you can obtain copies of your records and expressly authorize transfer of your records to other Providers, as may be necessary. We will not disclose your PHI without your permission, except as described in this notice. We encourage you to ask any questions you may have regarding this notice and our policies for safeguarding your PHI.

Tides of Mind Counseling reserves the right to revise our privacy practices and implement new policies effective and applicable on a going-forward basis to all PHI maintained by our office and Staff. Should we implement such a change to our privacy practices, we will amend this notice, post notice of such changes in our office, and provide clarification regarding such changes upon request. This notice is effective and current as of March 7, 2017.

#### **USES AND DISCLOSURES:**

We believe that protecting client confidentiality and responsibly maintaining your individually identifiable health information and PHI are of the utmost importance. As a result, we have adopted clear internal privacy procedures and have trained our Staff to understand and abide by our practices; we strive to secure and protect our electronic and physical records, our electronic or telephonic communications with you, and confidential information and materials related to your treatment and your relationship with our Staff. Pursuant to HIPAA rule 45 CFR 164.501, we afford special protection to psychotherapy notes, such notes being defined as documentation by a mental health professional analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session, and such notes being separate from the rest of your medical record. We will not provide these sensitive notes to third-party payers without your express authorization.



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It is our policy to obtain your written authorization through the use of an “Authorization to Release Information” form prior to disclosing your PHI to any person or entity outside of our office for any purpose other than treatment, payment and in-office health care operations (as described in more detail below). As noted in the form, you may revoke your authorization at any time, except to the extent that we have already acted upon it. Such authorization automatically expires after a period of one (1) year.

**We may use your Protected Health Information (PHI) without authorization for:**

- Treatment, e.g., to share information with other Providers involved in your care;
- Payment, e.g., to the State Department of Administrative Services to bill for your healthcare services;
- Healthcare operations, e.g., to internal staff for evaluation of the quality of services provided; and/or
- Reminding you of appointments with Tides of Mind Counseling or its Staff.

**Other permitted disclosures of your Protected Health Information (PHI) without authorization might include the following:**

- Disclosures required by law, e.g., to the Department of Children and Families when a law requires that we report suspected abuse or neglect;
- Public Health, e.g., mandated reporting of diseases, injury or vital statistics;
- To avert a serious threat to the health and/or safety of you and/or others;
- In response to a court order, e.g., if a judge orders that specific portions of your record be produced during a civil or criminal legal proceeding; and
- If deceased, limited information to coroners, medical examiners or funeral directors.

**YOU HAVE THE RIGHT TO:**

- Request restrictions on certain uses and disclosures of your PHI;
- Receive reasonable confidential communication of PHI, e.g., ask to be contacted at an address or by a means of communication of your choosing;
- Inspect and copy your medical records by written request, within a reasonable timeframe that is not disruptive to our office;
- Submit a written request to amend your medical records, which request must specify which portion of the record you wish to amend and how. Our Staff reserves the right to deny the request in its sole discretion;
- Receive an accounting of our office’s disclosure of your PHI for seven (7) years prior to your request; and
- Receive a paper copy of this notice.

