

Confident Counseling  
20 Main Street  
Northborough, MA 01532  
Phone: (508) 475-9018  
Fax: (508) 475-9022

### **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 THIS NOTICE CAREFULLY**

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, 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. 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 our legal duties and privacy practices with respect to PHI. If the terms of this Notice change, then I will notify you of the change if you are still an active client. You may also request a copy of our current Notice at any time. Any new Notice will be effective for all PHI that I maintain at that time.

#### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

**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. With your consent, I may also disclose PHI to other mental health professionals to consult about your care.

**For Payment:** I may use or disclose PHI so that I can receive payment for the treatment services provided to you. 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, then I will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations:** I may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, billing; quality assessment activities; employee training and review activities; reminding you of appointments; to provide information about treatment alternatives or other health related benefits and services; and licensing.

**Required by Law:** Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

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**Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization:**

**Abuse and Neglect  
Emergencies  
National Security**

**Judicial and Administrative Proceedings  
Law Enforcement  
Public Safety (Duty to Warn)**

**Without Authorization:** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. Examples of such uses and disclosures are those:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person (including you) or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**With Authorization:** Other uses and disclosures not specifically permitted by applicable law will be made only with your written authorization.

**YOUR RIGHTS REGARDING YOUR PHI:**

You have the following rights regarding your personal PHI maintained by our office. To exercise any of these rights, please submit your request in writing to Confident Counseling LLC:

- **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 us 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 disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

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- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **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.
- **Breach Notification:** If there is a breach of unsecured protected health information concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice:** You have the right to a copy of this notice.

#### **COMPLAINTS:**

If you believe I have violated your privacy rights, you have the right to file a complaint DMH Privacy Officer, Department of Mental Health, 25 Stanford Street, Boston, MA 02114, Phone: 617-626-8160, Fax: 617-626-8131, E-mail: [PrivacyOfficer@dmh.state.ma.us](mailto:PrivacyOfficer@dmh.state.ma.us). A complaint must be made in writing.

You also may file a complaint with the **Secretary of Health and Human Services**, Office for Civil Rights, U.S. Department of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA. 02203.

**I will NOT retaliate against you for filing a complaint.**