

Sojourner Counseling Center LLC Notice of Privacy Practices

This notice describes how your mental health records may be used and disclosed and how you can get access to this information.

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and healthcare operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

There are privileged communication protections for conversations between your counselor and you in the context of your established professional relationship. There is a difference between privileged conversations and documentation in your mental health records. Records are kept for documenting your care as required by law, professional standards, and other review procedures.

HIPAA very clearly defines what kind of information is to be included in your “designated medical record” as well as some material known as “Psychotherapy Notes” which is accessible to insurance companies and other third -party reviewers and in some cases, not to the patient himself/herself.

HIPAA provides protections about your personal health information, which is called “protected health information” which personally identify you. PHI consists of three(3) components: treatment, payment, and healthcare operations.

Treatment refers to activities in which your counselor provides, coordinates or manages your mental health care or other services related to your mental healthcare. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition. During the course of your treatment, the therapist may determine that he/she will need to consult with another specialist in the area. He/ she will share the information with such specialist and obtain his /her input.

Payment is when we obtain reimbursement of your mental healthcare. The clearest example of this parameter is filing insurance on your behalf to help pay for some of the costs of the mental health services provided you. We will provide information to them about you and the care given.

Health care operations are activities related to the performance of this practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is “really medically necessary.”

The use of your protected health information refers to activities your counselor or Sojourner Counseling Center LLC conducts for filing your claims, scheduling appointments, keeping records and other tasks related to your care. Disclosures refer to activities you authorize which occur outside this office such as sending of your protected health information to other parties (i.e., your primary care physician, the school your child attends).

Uses and Disclosures of Protected Health Information Requiring Authorization
Alabama and Tennessee require authorization and consent for treatment, and healthcare operations. HIPAA does nothing to change this requirement by law in Alabama and Tennessee. Your counselor may disclose PHI for the purposes of treatment, payment and healthcare

operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations in our Policies and Procedures agreement, authorizing your counselor to provide treatment and to conduct administrative steps associated with our care (i.e., file insurance for you).

Additionally, if you ever want your counselor to send any of your protected health information to anyone outside of these offices, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request.

There is a third, special authorization provision potentially relevant to the privacy of your records: psychotherapy notes. In recognition of the importance of the confidentiality of conversations between the psychologist - patient in treatment settings, HIPAA permits keeping separate "Psychotherapy notes". These cannot be secured by insurance companies nor can they insist upon their release for payment of services. "Psychotherapy notes" are your counselor's notes recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session. "Psychotherapy notes" are necessarily more private and contain much more personal information about you hence, the need for increased security of the notes. "Psychotherapy notes" are not the same as your "progress notes" which may provide the following information about your care each time you have an appointment at your counselor's office: medication prescriptions and monitoring, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

You may, in writing, revoke all authorizations to disclosure of protected health information at any time. You cannot revoke an authorization for an activity that you instructed your counselor to do that has been completed or if the authorization was obtained as a condition for obtaining insurance and Tennessee law provides the insurer the right to contest the claim under the policy.

Other Uses and Disclosures Allowed by the Privacy Rule

1. Patient Contact: We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

2. Communication with Family: Using our best judgment, we may disclose to a family member, other relative, close personal friends, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

3. Notification—Opportunity to Agree or Object: Unless you object we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care about your location and about your general condition, or your death.

Uses and Disclosures Not Requiring Consent nor authorization:

1. Suspected or confirmed child abuse and/or neglect: We may disclose protected health information to public authorities as allowed by law to report child abuse or neglect.

2. Adult and domestic Abuse: We can disclose protected health information to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the therapist believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

3. Health oversight activities: Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions, and for similar reasons related to the administration of healthcare.

4. Judicial or administrative proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.
5. Law enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.
6. Serious Threat to Health or Safety: To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person of the public.
7. For specialized governmental functions: We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.
8. Workers Compensation claims: If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Worker Compensation.
9. Other uses and disclosures: Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken. Jane Sweeney, LPC, NCC (AL) or Sojourner Counseling Center LLC will never release any information of any sort to an outside party for marketing purposes.

Business Associates Disclosures

HIPAA requires that anyone contracted by this office will train and monitor the conduct of those performing ancillary administrative services for their practice and refers to these people as "Business Associates". These business associates may need to receive some of your personal health information in order to do their jobs properly. To protect your privacy, they have agreed in their contract to safeguard your information in accordance with state and federal standards.

Health Information Rights

You have the right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information which your counselor may or may not agree to but if he or she does, such restrictions shall apply unless our agreement is changed in writing;
- The right to receive confidential communication by alternative means and at alternative locations. For example, you may not want your bills sent to your home address so they will be sent to another location of your choosing;
- The right to inspect and a copy of your protected health information in my designated mental health record set and any billing records for as long as protected health information is maintained in the record;
- The right to amend material in your protected health information, although I may deny an improper request and/or respond to any amendment(s) you make to your record of care.
- The right to an accounting of non-authorized disclosures of your protected health information;
- The right to a paper copy of notices/information from this office, even if you have previously requested electronic transmission of notices/information; and
- The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

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Our Responsibilities

This office is required to:

- Maintain the privacy of your health information as required by law

- Provide you with a notice as to our duties and privacy practices and as to the information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you
- Accommodate your request for an accounting of non-authorized disclosures.
- We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office and picking up a copy. If for some reason you desire a copy of internal policies for executing privacy practices, please let me know and we will get you a copy of these documents.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Jane Sweeney, LPC, NCC at (256) 585-8027. If you have any concerns of any sort my office may have somehow compromised your privacy rights, please do not hesitate to speak to Ms. Sweeney immediately about this matter. You will always find this office willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>