

Spring Life Counseling, LLC

Web: springlifecounseling.com Phone: 225.603.3443

Notice of Privacy Practices - Brief Version

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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This pamphlet is a shorter version of the full, legally required NPP and you may have a copy of this to read and refer to it for more information. However, we can't cover all possible situations so please talk to our Privacy Officer (see the end of this pamphlet) about any questions or problems.

We will use the information about your health which we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities which are called, in the law, health care **operations**. After you read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization form to allow this. Of course we will keep your health information private but there are some times when the laws require us to use or share it.

For example:

1. If you threaten grave bodily harm or death to another person, we are required to inform the intended victim and appropriate law enforcement agencies.
2. If you report to us your knowledge of the continuing physical or sexual abuse of a minor child by an adult, we are required to inform the appropriate child welfare agency which may decide to investigate the matter. The elderly and dependent adults are covered under this type of disclosure as well.
3. Your safety always takes precedence over confidentiality. In the event you become unable to care for yourself or there is good reason to suspect suicidal behavior, I am able to waive the right of confidentiality in order to help insure your safety

As part of the therapy experience sessions are subject to videotaping and/or have supervision by the clinical supervisor. Pursuant to Louisiana Law, all tapes and information will be held in the strictest confidence and will be used only for the purposes of supervision and consultation. Tapes are erased after your client file has been closed and are not a part of the permanent record kept of the sessions. If you have any questions, please ask your counselor.

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Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For, example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records. (See below)
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

It is the policy of Healing Spring Life Counseling, LLC to close all cases that are inactive for 90 days. If you desire further assistance from Spring Life Counseling, LLC after your file has been closed, you will need to be received as a new client.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Allison L. Schoonmaker and can be reached by phone at 225.603.3443. The effective date of this notice is 01/01/2016.

Also, you may have other rights which are granted to you by the laws of our state and these may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

Acknowledgement of Receipt of Notice of Policies and Practices to Protect the Privacy of Your Health Information

The federal government mandated that as of April 14, 2003, all health care patients are to receive from their clinicians a notice (hereafter referred to as “notice”) regarding the protection of their private health care information in compliance with the Health Care Portability Act (“HIPAA”) Privacy Rule (45 C.F.R. parts 160 and 164). HIPAA covers what is called “protected health information” (PHI) that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you.

The Notice contains basic information about:

1. How your PHI may be used and disclosed for treatment, payment and health operations (those terms are defined in the Notice).
2. Which uses and disclosures require authorization from you and which do not.
3. How you may revoke authorization you have made.
4. Certain rights you have to restrict use and disclosure of PHI, to receive confidential communication by alternative means and at alternative locations, to inspect and copy your records, to amend your records, to have an accounting of disclosures.
5. Duties of the clinician to protect the privacy of your PHI, clinician’s right to change the privacy policies and practices described in the Notice, and how the clinician will inform you of changes.
6. What you can do if you have any complaints about violations of your privacy rights, and about decisions regarding access to your records the clinician may make.
7. Any allowed restrictions and limitations you or your clinician wish to put on the use and disclosure of your PHI.

The Privacy Notice is a few pages in length. Generally, this Notice is given on a patient’s first visit unless there is a good reason to delay. This page with your signature documents that I have given you a copy of the Notice.

I acknowledge that Spring Life Counseling, LLC has given me a copy of the Privacy Notice, (version dated 01/01/2016.) as required by the federal government HIPAA legislation.

Print Patient’s Name

Date

Patient’s Signature (or parent, legal guardian, or personal representative if applies)

Therapist Signature, Spring Life Counseling, LLC

Limits of Confidentiality

Psychotherapy is confidential, with the below stated exceptions.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self harm: Depression is common emotion expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide; steps need to be taken to ensure safety.

This would include notifying the legal authorities as well as make reasonable attempts to notify the family.

Animal abuse: I will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities.

Prenatal Exposure to Controlled Substances: in keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Minors/Guardianship: Parents or legal guardians have the right to access a minor client's health information. Age of adult for psychotherapy is 18 years old.

Insurance Providers: Information requested includes description of impairments, dates and times of service, diagnosis, treatment plans, treatment progress, prognosis for improvement, case notes and summaries.

I have read and understand the above---stated limitations to confidentiality.

I accept the subsequent ramifications should there be a need to act on one of the above stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information I understand that I will be provided a Release of Information form.

Client Signature:

Date: _____