

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information. Effective 09/25/2013

MY LEGAL DUTIES

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 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 our 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 the revised Notice of Privacy Practices upon request at your next appointment.

As a professional Counselor I have agreed to value the privacy of each client and the confidentiality of the personal and health information entrusted to me. Please take the time to review these policies and feel free to ask me any questions about these policies and procedures.

The content of material disclosed to me in an evaluation, intake, or counseling session is covered by the law as private information. I respect the privacy of the information you provide and will abide by the ethical and legal requirements of confidentiality and privacy of records.

USE OF INFORMATION

HEALTHCARE OPERATIONS: Information you provide to me will be used for diagnosis, treatment planning, treatment, and continuity of care.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative.

CONTRACTED AGENCIES: I may use and disclose your PHI for services provided through contracts with other agencies or providers, such as a medical billing assistant. Your PHI will be appropriately protected. **AS REQUIRED BY LAW:** I may use and disclose your PHI when required to do so by military, federal, state, or local authorities. In emergencies, and as mandated reporters, we may use and disclose your PHI to prevent a serious threat or imminent risk to your health and safety and the safety of the public or another person. **EMERGENCY CONTACT:** As noted on your Client Intake Form In cases of an emergency, you permit me to contact the person you identify as your emergency contact.

HEALTH OVERSIGHT ACTIVITIES: I may use and disclose your PHI for activities authorized by law for health oversight activities such as audits, investigations, inspections, and licensure.

CONSULTATION/SUPERVISION: Information about clients may be disclosed in supervision/consultation with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

It is the policy of this therapist not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without

written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

DUTY TO WARN AND PROTECT

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client. I would first explore all other options with you and if at that point you were unwilling to take steps to guarantee your safety I would call the crisis team and/or the appropriate law authority. In the event of a medical emergency, emergency personnel or services may be given necessary information.

I am not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.

PUBLIC SAFETY

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

ABUSE

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and his or her safety appears to be at risk, I may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

PROFESSIONAL MISCONDUCT

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

JUDICIAL OR ADMINISTRATIVE PROCEEDINGS

Health care professionals are required to release records of clients in response to a subpoena from a court of law or the secretary. The therapist will respond to any court order for records by providing only the dates of treatment or contacts with the client and a general summary of counseling activity.

OTHER PROVISIONS

When payment for services are the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid, it may be reported to credit agencies, and the client's credit report may state the amount owed, the time frame, and the name of the therapist or collection source.

In the event I must telephone you for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please let me know how I may reach you by phone and how

you would like me to identify myself. For example, you might request that when I phone you at home or work, I do not say the name of the Practice or the nature of the call but rather my first name only. If this information is not provided to me (see below), I will adhere to the following procedure when making phone calls: First I will ask to speak to you (or guardian) without identifying the name of my practice. If the person answering the phone asks for more identifying information, I will say that it is a personal call. I will not identify my Practice (to protect confidentiality). If I reach an answering machine or voice mail, I will follow the same guidelines.

CLIENT RIGHTS REGARDING PERSONAL HEALTH INFORMATION

Right of Access to Inspect and Copy: You have the right, which may be restricted only in exceptional circumstances to request to review or receive your medical files. You're right to inspect a copy of you private health information will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.

Right to Cancel Release: You have the right to cancel a release of information by providing us a written notice. If you desire to have your information sent to a location different than our address on file, you must provide this information in writing.

Right to Request Restrictions: You have the right to restrict what information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.

Right to Amend: You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might refuse to change the record, you have the right to make a statement of disagreement, which will be placed in your file.

Right to an Accounting of Disclosures: You have the right to know what information in your record has been provided to whom. Request this in writing.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

Right to a Copy of Notice: You have the right to a copy of this Notice and to any future updates/changes to this Notice.

Right to Complain: If you believe that we have violated your privacy rights, you have the right to file a complaint and we ask that you first do so in writing to Renewed Life and Hope, LLC. You may also send a written complaint to the U.S. Department of Health and Human Services. You can be assured that I will not retaliate against you for filing a complaint.

The Procedures for Obtaining a Copy of Your Medical Information: You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. There will also be a \$23.00 clerical fee for searching and handling records. If I must personally edit confidential information from the records, as required by statute, I will charge the usual fee for an office visit.

Contact

I am my own Privacy Officer. If you have any questions about this Notice of Privacy Practices please contact me. I will get back to you in a timely manner.

Renewed Life and Hope, LLC

C/O Colleen Tredway, MAPC, LMHC

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