



Notices of Privacy Practices

Policies and practices to protect the privacy of your health information

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.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how *Warrior Heart Counseling, LLC* may use and disclose your PHI in accordance with applicable Federal and State law, the *NASW Code of Ethics*, and the *ACA Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

Warrior Heart Counseling, LLC is required by law to maintain the privacy of PHI and to provide you with notice of legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We 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 is maintained at that time. You will be provided with a copy of the revised Notice of Privacy Practices by posting it in the waiting room, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Protected health information (PHI) refers to information about your health record that could identify you. “Use” applies only to activities within the practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. “Disclosure” applies to activities outside of the practice, such as releasing, transferring, or providing access to information about you to other parties. Applicable law and ethical standards permit use and disclosure of protected health information for treatment, payment, and healthcare operational purposes. Not every use or disclosure in a category will be listed; however, examples will be provided and all of the ways that use and disclosure is permitted falls into the following categories.

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 healthcare treatment and related services in the practice. For example, consultation with another healthcare provider, such as your primary care physician, psychiatrist, or another therapist. This may include consultation with a clinical supervisor. Another example would be releasing your treatment plan to your insurance company and/or primary care doctor. PHI disclosure to any other consultant may be done only with your authorization.

For Payment: *Warrior Heart Counseling, LLC* may use and disclose PHI so that payment can be received from you, an insurance company, or a third party for provided services. For example, your health plan may require information about treatment received for reimbursement and payment purposes. Information disclosed will be limited to the nature of services provided, dates of service, the amount due, and other relevant financial information. If it becomes necessary to use collection processes due to lack of payment for services, only the PHI information necessary for the purpose of collection will be disclosed.

For Healthcare Operations: Your PHI may be used and disclosed for healthcare operations necessary in running and operating the business practice and ensuring that all clients receive quality care. For example, in review of staff's treatment and services of clients, business related matters such as audits, administrative services, case management, and care coordination.

Judicial and Administrative Proceedings: In judicial or administrative proceedings, you generally have the right to refuse authorization for the disclosure of any communications between you and a therapist regarding your care and treatment. However, there are exceptions where this privilege may not apply, allowing the therapist to testify in such proceedings. These exceptions include situations where: (a) the therapist determines that you require hospitalization or pose a threat to yourself or others, (b) the communications were made during a court-ordered psychiatric examination, (c) you are a party to the case and have introduced your mental or emotional state as part of a claim or defense, (d) testimony is given in connection with care and protection proceedings or petitions to dispense with parental consent for adoption, (e) disclosure is necessary for therapist's defense in a malpractice action brought by you or against them, (f) the communications pertain to your ability to provide care or custody in a child custody or adoption case, (g) the communication was made during an investigation of allegations of child abuse, following a report made by the therapist who has reasonable cause to believe that child abuse is occurring, or (h) a child, disabled person, or elderly person in your care is suffering abuse or neglect.

In response to a court order, search warrant, or subpoena in such proceedings, if a request is made concerning the professional services provided by the therapist or their records, the information is privileged under state law. The therapist will not release this information without your written consent, subpoena, or a court order, except when you are being evaluated for a third party or when the evaluation is court-ordered, in which case you will be informed in advance.

In an Emergency: *Warrior Heart Counseling, LLC* may disclose your PHI to a physician who requests such records in the treatment of a medical or psychiatric emergency. For example, if you are unconscious and the doctor treating you needs to know details regarding our medical history in order to decide on a course of treatment for you, then the PHI necessary would be disclosed on an emergency basis. Notice of disclosure in an emergency situation would be provided to you as soon as feasible.

Required by Law: Your PHI may be disclosed as required by law, such as mandatory reporting of child/elder abuse or neglect, in protection from harm of self or others, or mandatory government agency audits or investigations.

If Required by Court Order: After appropriate consultation with legal representation and proper authorities, your PHI may be disclosed in a judicial proceeding if required by court order. This will be reviewed with you and you will be made aware prior to such disclosures if feasible.

If Necessary Due to Threat to Health or Safety: *Warrior Heart Counseling, LLC* may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Your PHI may be disclosed to the extent necessary to protect your safety or the safety of others: if (a) you are a present and clear danger to yourself, or (b) you have communicated an explicit threat to kill or inflict serious injury upon another person and there is a basis for reasonable belief that the threat will be carried out. 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.

Business Associate: Some services in this practice may be carried out through contracts with business associates. For example, contracts with outside companies to provide legal services, accounting services, or billing services. To protect your health information, the business associate is required to appropriately safeguard any health information.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Revocation of Authorization: If you provide your permission to use or disclose PHI, you may revoke that permission in writing at any time. If you revoke authorization, *Warrior Heart Counseling, LLC* will no longer use or disclose medical information about you for the purposes covered by the written authorization. However, we are unable to take back any prior disclosures made with your prior authorization.

YOUR RIGHTS REGARDING YOUR PHI

You, or your authorized representative, have the following rights regarding PHI that *Warrior Heart Counseling, LLC* maintains about you. To exercise any of these rights, please submit your request in writing.

- **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 be reasonably likely to endanger the life or physical safety of you or another person. Your therapist may also deny access to your Psychotherapy Notes. There may be a reasonable, cost-based fee for copies. Your request will be met within 30 days.
- **Right to Amend.** If you feel that the PHI on file is incorrect or incomplete, you may ask me to amend the information, although there is no requirement to amend.
- **Right to Accounting of Disclosures.** You have the right to request an accounting of the disclosures that are made with your PHI. To make this request, you should submit in writing.
- **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. For example, you might request that particularly sensitive information (such as the existence of drug dependence) not be disclosed for any purpose. To request restrictions, you must submit your request in writing. In your request, please include (a) what information you want to limit, (b) whether you want to

limit the use, disclosure, or both, and **(c)** to whom you want the limits to apply (for example, disclosures to your insurance carrier). We are not required to agree to your request.

- **Right to Request Confidential Information.** You have the right to request communication regarding medical matters in a certain way or at a certain location. For example, communication only via cell phone or mail.
- **Right to a Copy of this Notice.** You have a right to a paper copy of this notice. You may ask me for an additional copy at any time.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT *WARRIOR HEART COUNSELING, LLC* AT 617-237-6371.

COMPLAINTS

If you believe that your privacy rights have been violated, you have the right to file a complaint with the owner of *Warrior Heart Counseling, LLC* in writing to c/o Rebecca DeMello Egan at 66 Lodgehill Road, Hyde Park, MA 02136. The designated Privacy Officer will review, investigate, manage, and aim to resolve any complaints within a timely and appropriate manner. This may include taking corrective actions, providing explanations or apologies, and implementing measures to prevent similar issues in the future. The Privacy Officer will communicate the resolution of the complaint to the patient. If necessary, they will also provide recommendations or resources for further assistance. After the resolution, the Privacy Officer may conduct follow-up with the patient to ensure their satisfaction with the outcome and to address any lingering concerns. All complaints and their resolutions will be documented appropriately for record-keeping and continuous improvement purposes.

Escalation to External Bodies: If the patient remains unsatisfied with the resolution provided internally, they have the option to escalate their complaint to external bodies, such as the Office of Civil Rights, US Department of Health and Human Services. In such cases, the Privacy Officer will provide guidance on how to proceed with the external complaint process and ensure that all necessary information is provided to the relevant authorities.

Patient Consent

I consent for my therapist to disclose my protected health information (PHI) as required by my insurance company. Furthermore, if my insurance company requires coordination of care with my Primary Care Provider (PCP), I consent for my therapist to disclose my PHI to my PCP. I have read this statement of *Warrior Heart Counseling, LLC* practices and policies and I understand and approve of its content.

Signature: _____

Printed Name: _____

Date: _____