

Intrepid Counseling LLC

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Notice of Privacy Practices

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Your Rights

Your identity, the fact that you are an Intrepid Counseling client, notes on our sessions, notes about our out-of-session communications and other documentation of our work together are all protected health information (PHI) and are protected under the Health Information Privacy and Portability Act. This notice explains how I comply with this law.

Your Counseling Record...

Will be protected.

I have made reasonable efforts to secure the contents of your mental health record against unauthorized access. For example, I use secure email, a HIPAA-compliant (encrypted, cloud-based) electronic health records system (Adaptive Telehealth) and a HIPAA-compliant video conferencing platform (Zoom).

Will be accessible to you.

Under HIPAA, you have a right to see what is inside your mental health record. You also have a right to request a copy of your mental health records. Specific additional laws apply if for any reason I believe receiving this information would be dangerous to you. I will be happy to describe these laws to you at your request. However, in most cases you may simply ask and I will provide whatever you request. I may charge a reasonable cost-based fee to provide the copy, for example, if you ask me to make a paper copy and mail it, I would charge the postage and what it costs me to print it.

Can be corrected if needed.

You have a right to ask me to correct any errors in your record.

I will communicate with you safely.

You can specify how you would like me to communicate with you so that you are confident that your information is safe. For example, you can specify which phone number, e-mail address, and home address, and specify if I can leave messages or not on a phone.

I may share some of your information when necessary, for example...

For Payment.

One normal way I share information about you is during the payment process, especially if I am billing your insurance company. If you pay in full for our services out of pocket, you can choose for me **not** to communicate any payment information to your insurance company.

For Treatment (ex: consultation).

Another normal way I share mental health information about you is to consult with a colleague, such as another therapist or with your doctor. If you have not authorized this person to receive your protected health information, I will avoid identifying you and share only what is necessary to insure the quality of your treatment. I may also use and share information about you to run this practice and to contact you.

You can ask me **not** to share certain elements of your health information or treatment, payment or other services. But if it is detrimental to your treatment, I can say no to this request. For example, I may insist on being in contact with your doctor if your safety or the effectiveness of your treatment requires that coordination. Or I may share with your doctor that you have used a substance that may interfere with the medication they are providing. Not sharing that could be dangerous.

At Your Request.

You can authorize and request for me to share specific elements of your health information with specific people, for example a teacher, family member or other support person. This is done through a document you sign which is called an Authorization to Release Information or Release of Information (ROI). You can specify the purpose and nature of the release.

In Emergencies.

In case of emergencies like a natural disaster or if you are unconscious or if you are in danger and I have to intervene without having a chance to discuss with you in advance, I will make a decision about what information to share that I believe to be in your best interest. For a foreseeable crisis, you may specify in advance what you would like me to share in a given situation.

I will document Unusual Releases of your information.

I may regularly share necessary elements of your health information for the purposes of treatment, payment and health care operations, but I will log any other releases of your information, for example, your health information given in response to a subpoena. You may request an accounting of these releases once per year for free and beyond this I may charge a reasonable cost-based fee.

There are some types of releases that Do Not require your authorization.

For the following types of releases of your information, your permission is not required. Even so, I will abide by the specific laws that govern when it is permissible and how this information can be used. These types of disclosures are allowed without your permission.

- Uses and disclosures to protect public safety including
 - Mandatory reports about abuse and neglect, domestic violence or a duty to warn a potential victim of violent crime, or to intervene if you intend to harm yourself or another person.
 - In response to government orders, for example in order to prevent disease, help with product recalls or report on adverse medication reactions.
- Uses and disclosures that are court-ordered by a Judge or requested by a government official, including
 - Responding to judicial and administrative proceedings, for example if you claim malpractice or breach of ethics.
 - If your therapist is court ordered by a judge to testify or to submit your records related to a court case.
 - Information necessary for Worker's Compensation reporting.
 - Uses and disclosures for health and oversight activities--like correcting records.

Your Designated Representatives and Caregivers can make decisions for you.

If someone has legal power of attorney for you or is your legal guardian, they make medical/mental health decisions on your behalf. I will ask them to show documentation of their role (except for married biological parents). I will ask for a parenting plan if one divorced parent brings a child (under 13) for therapy.

You can make Complaints.

If you feel your rights have been violated, you can contact the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or at www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

You can Access and Re-Access to this Information.

You have been given an electronic copy of this document and can request a hard copy or another electronic copy at any time.

You will be asked to sign that you have received, read and understood this information. Please ask for any clarification you need and do not sign until you understand the information above.

My Responsibilities

- The law requires me to maintain the privacy and security of your protected health information.
- I will inform you promptly if your information was or may have been released in an inappropriate way.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- If you want me to share information in addition to what is described here (those cases that do not require your permission), you can request this in writing and you can revoke this permission at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request. This notice is effective 07/17/2021.

Your typed or handwritten name on the line below will represent your legal signature on this document.

Date: _____