



Your Information. Your Rights. Our Responsibilities.

This notice describes how your counseling/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Request confidential communication
- Ask us to limit the information we share
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition (*must signed authorization to release information*)
- Provide mental health care

Our Uses and Disclosures

We may use and share your information as we:

- Provide treatment to you. Coordination of care with a doctor/psychiatrist.
- Bill for insurance for the provided services in effort to collect payment.
- Communicate. You can state if you want voice or texts messages left to remind you of your appointments.
- Respond to lawsuits and legal actions. Providers of Insight Counseling & Consulting can share information concerning you or your record in response or defense to a lawsuit initiated by you against us.



Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your mental health record

- Mental health records are treated different from medical health records because they contain more sensitive information. You can ask to get a paper copy of your records. However, this request can be denied if it has the possibility of producing harm.
- We will provide a copy or a summary of your mental health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, cell, or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for services out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (billing) of the times we’ve shared your mental health information for seven years prior to the date you ask with your insurance provider.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We charge a reasonable, cost-based fee of \$25 for records.



Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with 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 visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care (*with your written authorization*)

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Sharing of Counseling/Therapy Progress Notes



Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you (*with your written authorization*).

Example: A doctor treating you with medication for depression asks me your progress in therapy or improvement with symptoms.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share mental health information about you for certain situations such as:

- Reporting suspected abuse or neglect to minor children or vulnerable adults
- Preventing or reducing a serious threat to anyone's health or safety (*even notify a person regarding exposure or risk of communicable disease, e.g. HIV*)

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.



Law enforcement and other government requests

We can use or share mental health information about you:

- For law enforcement purposes or with a law enforcement official (*immediate danger must be present*)

Respond to lawsuits and legal actions

We can share mental health information about you in response to me defending myself in court if you bring a case against me, a court order, abuse or neglect to a minor child or vulnerable adult, and danger to yourself or others.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected mental health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us 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

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.



Other Instructions for Notice

- Effective: September 14, 2020 (*most recent update*)
- Tremmia Smith, Owner (privacy contact) Tremmia@insightcounselingc.com, (601) 568 - 5032.
- “We will never share any counseling, mental health, or substance abuse treatment records without your written permission.”

Reviewed and Signed by,

A handwritten signature in black ink, appearing to be 'Tremmia Smith'. The signature is stylized and cursive. To the right of the signature, the word 'mith' is written in a small, plain font. Below the signature, the word 'remmia' is written in a small, plain font.

Tremmia Smith