



## Tara Yardley LPC LLC

### Notice of Privacy Practices for Protected Health Information

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Effective date: August 1, 2012 (original mandate April 14, 2003)

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

This notice will tell you about how we handle information about you or your minor child. It tells how we use this information in our office, how we share it with other professionals and organizations, and how you can see it. We are required to tell you about this because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIP AA).

If you consent to treatment at Tara Yardley LPC LLC, our office is permitted by federal privacy laws to "use" (applies only to activities such as examining and analyzing your records within our office) and "disclosure" (applies to activities outside our office such as releasing your records to your primary care doctor) the health information we create and obtain in the course of providing services. Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care.

We only release information in accordance with state and federal laws and the ethics of the counseling profession. In most situations we can only release information about your treatment to others if you sign a written authorization form (Release of Information) that meets certain legal requirements imposed by state law or HIPAA. Clients who are 18 or older must sign the written authorization form, For minors, the form must be signed by the legal guardian. You may revoke previously signed authorizations, in writing, with the understanding that a revocation is not valid to the extent that information was previously released in accordance with the signed form.

Each time you or your child visit us, information is collected about you or your child's physical and mental health. It may be information about you or your child's past, present, or future health or condition, the treatment or services received, or about payment for services. This information is called Protected Health Information (PHI).

The information obtained from you or your child goes into the client records at our office. Your PHI may be used for treatment purposes such as managing and coordinating care, consultation with colleagues, and providing referral sources for you. Your PHI may be used and health information disclosed for purposes such as:

1. Receiving/processing claims and payments from your insurance company
2. Receiving/processing payments from a third party payer source
3. Processing claims through a collection agency

For healthcare operations, your PHI may be used for purposes such as reviewing treatment procedures, reviewing business activities, certification needs, staff training, and compliance and licensing requirements.



## Notice of Privacy Practices for Protected Health Information Continued

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There are some instances where your PHI can be used or disclosed without your consent. The situations are infrequent, but licensed professional counselors are state mandated reporters. The circumstances that must be reported include but may not be limited to:

1. Evidence or admission of physical or sexual abuse/neglect of a child
2. Evidence or admission of physical or sexual abuse/neglect of an elderly or vulnerable adult
3. Evidence or admission of prenatal exposure to a substance that is potentially harmful
4. Evidence or admission of a potential act of violence or harm to yourself or someone else
5. When discloser of PHI is mandated by state or federal law.

Although your or your child's records are the physical property of your counselor at Tara Yardley LPC LLC the information belongs to you. You can inspect, read or review your record or your child's, if he or she is under 18. If you want a copy, one can be made for you, but a reasonable fee for the costs of copying and mailing may be charged. In a few very unusual situations, you may not be allowed to see some of what is in the records. Some exceptions include circumstances where disclosure of contents could reasonably be expected to threaten your life or the life of another, or to endanger your safety or the safety of another, or that disclosure could reasonably be expected to lead to the identification of the person who provided information to us in confidence under circumstances where confidentiality is appropriate. If you find anything in the records that you think is incorrect or something important is missing, you can ask that the records be amended. In some situations, we do not have to agree to this. If your request is denied, your request along with your counselor's response will be placed in your records.



## Notice of Privacy Practices for Protected Health Information Continued

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I, \_\_\_\_\_ (Please Print) have received, read and understand the privacy practices of Tara Yardley LPC LLC. All questions have been answered and addressed by my counselor. I also understand that Tara Yardley LPC LLC holds my information in strict confidence, except in those areas that they are bound by laws and ethical guidelines, of which are listed above.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_