



HIPAA PRIVACY NOTICE

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, consultation and health care operations purposes with your consent. These definitions clarify these terms:

- *“PHI”* refers to information in your health record that could identify you.
- *“Treatment, Payment and Health Care Operations”*
 - *Treatment* is when we provide, coordinate, or manage your care and other services related to your care.
 - An example of treatment would be when we consult with another health care provider, such as a physician, psychologist, or psychiatrist.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to obtain reimbursement for your care.
 - *Health Care Operations* are activities that relate to the performance and operation of our clinical practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *“Use”* applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *“Disclosure”* applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, consultation and health care operations.

- An *“authorization”* is permission beyond general consent that permits only specific disclosures. In these instances when we ask for information for purposes outside of treatment, we will obtain an authorization from you before releasing this information. We will also obtain an authorization before releasing your psychotherapy notes.
- *“Psychotherapy notes”* are notes we have made about our conversation during a private, group, or family counseling session, which we have kept separate from the rest of your medical record. These notes hold a greater degree of protection than PHI.



III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If, in our professional capacity, a child comes before us which we have reasonable cause to suspect is an abused or maltreated child, or we have reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before us in our professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, we must report such abuse or maltreatment to the proper authorities or child protective services agency.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged, and we will not release this information without your written authorization, or a court order.
- **Threat to Health or Safety:** We may disclose your confidential information to protect you from self-harm, including your failure to follow medical or safety-related directives, or if you make threats of harm toward others.
- **Consultations:** We may disclose your confidential information in consultation with mental health, medical or psychiatric professionals.

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI remains in our record. We may deny your request.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- We will maintain the privacy of PHI and provide you with a notice of our duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice.



Therapy Help Center Co., LTD.

V. Questions and Complaints

If you have questions about this notice, or disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact our office at 081 930 0100 or electronically at “help@therapyhelpcenter.com.”

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice went into effect on August 21, 2014 and September 1, 2016.

We reserve the right to change the terms of this notice at any time.

ACKNOWLEDGMENT

I, _____, acknowledge that I have been provided a copy of the **HIPAA PRIVACY NOTICE** prior to beginning counseling services with the Therapy Help Center Co., LTD.

SIGNATURE: _____

DATE: _____

Privacy/September 1, 2016