



## **Rolling Hills Counseling & Mediation Services, PLLC Notice of Privacy Practices - 2024**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **I. YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US:**

We understand that health information about you and your health care is personal, and we are committed to protecting your health care information. To provide you with quality care and ensure we comply with certain legal requirements, Rolling Hills Counseling & Mediation Services, PLLC must create and maintain a record of the care and services you receive. We are required by law to maintain the privacy and security of your Protected Health Information (“PHI”) and provide you with this Notice of Privacy Practices (“Notice”). Any individual employed by or contracted with Rolling Hills Counseling & Mediation Services, PLLC must abide by the terms of this Notice, and promptly notify you if a breach of your unsecured PHI has occurred. This Notice applies to all records of your care generated by our practice. Rolling Hills Counseling & Mediation Services, PLLC has the right to change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, or you can locate it on our website at <https://www.rollinghillscounseling.com/counseling>.

### **II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways we use and disclose health information that relate to **Treatment, Payment, and Health Care Operations**. Please note we are permitted to use and disclose your PHI without your authorization for the following areas:

1. **Treatment.** We can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are receiving treatment from a physician or psychiatrist, we can disclose your PHI to help coordinate your care.
2. **Payment.** We can use and disclose your PHI to bill and collect payment for the treatment and services we provide to you. For example, we might send your PHI to your health insurance plan to receive reimbursement for the services we’ve provided you.
3. **Health Care Operations.** We can use and disclose your PHI for purposes of conducting health care operations that pertain to our practice, improve your care, and contact you when necessary. For example, we may need to disclose your PHI to our attorney to obtain advice related to complying with applicable laws.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

1. **Psychotherapy Notes.** We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a) For use in treating you.
- b) For use in training or supervising other mental health practitioners to help improve their skills in group, joint, family, or individual counseling or therapy.
- c) For use in health care operations.
- d) For use in defending any individual employed by or contracted with our practice in legal proceedings instituted by you.
- e) For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- f) Required by law and the use or disclosure is limited to the requirements of such law.
- g) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- h) Required by a coroner who is performing duties authorized by law.
- i) Required to help avert a serious threat to the health and safety of others.

2. **Marketing Purposes.** As a psychotherapy practice, we will not use or disclose your PHI for marketing purposes.

3. **Sale of PHI.** As a psychotherapy practice, we will not sell your PHI in the regular course of our business.

#### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:**

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

- 1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- 2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
- 3. For health oversight activities, including audits and investigations.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an upcoming appointment. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

#### **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:**

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

1. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request and may say "no" if we believed it would affect your health care.
2. **The right to request restrictions for out-of-pocket expenses paid for in full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. **The right to choose how our practice sends PHI to you.** You have the right to ask us to contact you in a specific way (for example, home or office phone), or to send mail to a different address, and we will agree to all reasonable requests.

4. **The right to see and obtain copies of your PHI.** Other than “psychotherapy notes,” you have the right to obtain an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record or summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and may charge a reasonable, cost-based fee for doing so.

5. **The right to receive a list of the disclosures we’ve made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

6. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.

7. **The right to receive a paper or electronic copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

8. **The right to file a complaint if you feel your privacy rights have been violated.** If you feel we have violated your privacy rights, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- a) Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
- b) Calling (877) 696-6775; or
- c) Visiting <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

**Rolling Hills Counseling & Mediation Services, PLLC will not use or disclose information about you, other than as described in this Notice, unless you provide us with written authorization. If you change your mind, you have the right to revoke your written authorization at any time by providing us with a written notice.**