

Notice of Privacy Policies and Practices

This notice describes how medical and health information about you or your child may be used and disclosed, and how you can get access to this information.

Please read carefully.

This is a notice about the Privacy Practices utilized at Guiding Hands Counseling, PLLC, and describes how the Protected Health Information (PHI) of you, your child, and/or family may be used and disclosed to carry out treatment/counseling, payment, and/or health care operations, as well as for other purposes that are permitted by law. It also describes your rights to access and control the PHI of you or your child. PHI is information about you or your child, including demographic information, that may identify your child or you and that relates to past/history, present or future physical and mental health, and related health care services. This notice describes how Guiding Hands Counseling, PLLC and its providers are authorized to enter the health information of you and your child into record and how they may share this information with SimplePractice, the Electronic Health Record (EHR) system utilized for record keeping and billing purposes. Guiding Hands Counseling, PLLC is dedicated to maintaining the privacy of you and your child.

Our pledge regarding health information: We understand that health information about you and your child is personal. We create a record of the care and services you and your child receive at Guiding Hands Counseling, PLLC and need this record to provide you and your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated here. This notice will tell you about the ways in which we may use and disclose health information about you and your child. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you or your child is kept private
- Maintain the privacy of the PHI of you and your child
- Give you this notice regarding our legal duties and privacy practices with respect to health information about your and your child
- Notify you if any breach occurs to unsecured PHI about you or your child - We will inform you should this happen and work with you to take necessary steps to address and resolve the issue
- Follow the terms of the notice that is currently in effect

How we may use and disclose health information about you or your child:

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use of disclosure in a category will be listed.

Under HIPAA regulations, we do not need to obtain permission to use PHI for treatment/counseling, payment, or health care operations. We will never disclose you or your child's PHI for marketing or sales purposes.

Treatment: We will use and disclose the PHI of you and your child to provide, coordinate, and/or manage health care and any related services. This might include coordinating with others who might assist in care, such as doctors, nurses, case managers, providers, or interns for purposes related to treatment. For example, we might be treating your child and need to talk with their psychiatrist or doctor, or a specialist who has training in a particular area of care. We may also disclose information about you or your child to people outside of our organization who are involved in their/your care.

Payment: The PHI of you and your child will be used as needed to obtain payment for the health care services received. These may include activities that you or your child's health care plan/insurance company may undertake before it approves or pays for the health care services we recommend, such as determining eligibility, review of services, and utilization review. For example, we may need to give health information about the counseling your child received at Guiding Hands Counseling, PLLC so that your health plan will pay or reimburse for the service. We may also need to disclose your child's treatment plan in order to obtain prior approval or to determine whether your plan will cover the service/treatment.

Health Care Operations: We may use or disclose the PHI of you or your child as needed in order to support the business/internal activities and operation of this practice. This might include quality assessment, peer supervision, employee review, licensing, and/or conducting or arranging for other business activities. For instance, we may call your name in the waiting room when your provider is ready to see you. Additionally, we may use and disclose information to contact you as a reminder that you or your child have an appointment.

Alternative Treatment, Benefits, and Services: We may use and disclose information about you or your child in order to obtain and recommend other treatment options and available services, if appropriate, as well as other health-related benefits or services.

Crises/Emergencies: We may use or disclose the PHI of you or your child in the event of a crisis or emergency, or related treatment due to an emergency or crisis. In particular, this will occur to prevent a serious threat to you or your child's health and safety or the health and safety of the public or

another person. If this happens, the provider will allow you to object to future disclosures as soon as reasonably practical, after the delivery of treatment. Any disclosure, however, would only be to someone able to help prevent and/or address the threat.

As Required by Law: We may use or disclose the PHI of you or your child if the use or disclosure is required by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, in Vermont, this would include: victims of child abuse; the abuse, neglect or exploitation of vulnerable adults; or where a child under the age of sixteen (16) is a victim of a crime; and firearm-related injuries. If applicable, discussion with you may occur related to addressing safety and the therapeutic process.

Special Situations to Consider:

- Public Health Risks: We may disclose the PHI of you or your child for public health activities and purposes to a public health authority that is required or permitted by law to receive the information. The disclosure will be made for the purpose of controlling or reporting disease, injury or disability, reporting deaths, reporting reactions to medications or problems with products, notifying individuals of recalls of products they may be using, and to notify an individual who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Health Oversight Activities: We may disclose the PHI of you or your child to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Legal Proceedings: If you are involved in a lawsuit or a dispute, we may disclose the PHI of you or your child in response to a court or administrative order, or other lawful process.
- Individuals in Custody: If you are an inmate of a correctional institution/facility or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. When the appropriate conditions apply, this release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- Military and Veterans: When the appropriate conditions apply, we may use or disclose the PHI of individuals who are members of the Armed Forces as required by military command authorities.

- Workers' Compensation: We may disclose your PHI as authorized for workers' compensation or similar programs as authorized by Vermont law. These programs provide benefits for work-related injuries or illnesses.

Other Uses of Health Information: Other uses and disclosures of health information not covered by this notice or the laws that apply to Guiding Hands Counseling, PLLC and its providers will be made only with your written permission. If you provide us with permission to use or disclose health information about you or your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you or your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you and/or your child.

The Rights of You and Your Child Regarding Health Information:

To review and copy your PHI. This means you may inspect and obtain a copy of PHI about you or your child (if applicable), that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your provider and the practice use for making decisions about you or your child. Psychotherapy and personal notes are exempt from disclosure and will not be provided unless required by law. In order to review and copy PHI of you or your child, you must submit a request in writing to Guiding Hands Counseling, PLLC. Our practice may charge a fee for the costs of copying, mailing, and/or labor and supplies associated with your request. Our practice may deny or limit your request to inspect and copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional, not involved in your care, chosen by us will conduct reviews.

To have your provider amend PHI. If you feel that health information about you or your child is incorrect or incomplete, you may ask Guiding Hands Counseling, PLLC or your provider to amend the information. You have the right to request an amendment for as long as the designated record set is kept. Records will be kept until 7 years after the last date of service delivery or until three years after a minor reaches 18 years old, whichever is later (3 V.S.A. § 129a, 9; APA Record Keeping Guidelines, 2007, Revised). To file an amendment, please submit your request in writing to Guiding Hands Counseling, PLLC and provide a reason that supports your request. In certain cases, for example, if we think the information is correct, or was not created by our provider or practice, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement to be included in the file and we may prepare a rebuttal and will provide you with a copy. Please contact your provider if you have questions about amending the medical record of you or your child.

To request a restriction of PHI. This means you may ask us not to use or disclose part of the PHI of you or your child for the purposes of treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone who is involved in your or your child's care or the payment of care, like a family member. For example, you could ask that we not use or disclose information about a counseling session you received. However, we are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide you or your child emergency treatment. To request restrictions, you must make your request in writing to Guiding Hands Counseling, PLLC and acknowledge: (1) what information you want to limit, (2) whether you want to limit use, disclosure, or both, and (3) to whom you want the limits to apply (for example, disclosures to a spouse/partner).

To request that our practice communicate with you about your or your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request and submit it to your provider, specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate reasonable requests.

To a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To file a complaint if you believe your child's or your privacy rights have been violated. You may file a written complaint with our practice or with the Office of Professional Regulation, Vermont Secretary of State in this event. All complaints must be submitted in writing. Filing a complaint will not affect the treatment or services that you or your child receive from us. Complaint forms for the Vermont Secretary of State are available online at <https://sos.vermont.gov/opr/complaints-conduct-discipline/>

Security of Health Information: Due to the nature of community-based human services and mental health practices, or in the event of a provider's death, Guiding Hands Counseling, PLLC representatives may possess individually identifiable information beyond the physical security of Guiding Hands Counseling, PLLC. In these cases, Guiding Hands Counseling, PLLC representatives will ensure the security and confidentiality of the information in a manner that meets Guiding Hands Counseling, PLLC policy and state and federal law.

Changes to this Notice: Guiding Hands Counseling, PLLC reserves the right to change this notice and make the revised or changed notice effective for health information we already have about your and your child, as well as any information we receive in the future. We will post a copy of the current notice in our waiting room/lobby. The notice will contain the effective date. In addition, should we make a material change to this notice, we will, prior to the change taking effect, publish an announcement of the change in our waiting room/lobby. The new notice will be distributed to and relevant changes discussed with you.

By signing below, I acknowledge that I have reviewed and understand the above information related to the Privacy Practices and Policies of Guiding Hands Counseling, PLLC.

Signature of Client (or Parent/Legal Guardian): _____

Printed Name: _____ Date: _____

Client's Name (Please Print): _____ DOB: _____

Provider's Signature: _____ Date: _____