

DELMORE COUNSELING, LLC

One Crosswoods Bldg · 100 East Campus View Blvd., Suite 155 · Columbus, Ohio 43235

HIPAA: OHIO NOTICE FORM

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

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

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

DELMORE COUNSELING, L.L.C. may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- **“DC”** refers to Delmore Counseling, L.L.C. and its practitioners.
- **“PHI”** refers to information in your health record that could identify you.
- **“Treatment, Payment and Health Care Operations”**
 - *Treatment* is when DC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when DC consults with another health care provider, such as your family physician or another practitioner.
 - *Payment* is when DC obtains reimbursement for your healthcare. Examples of payment are when DC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of Delmore Counseling, L.L.C. (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 DC offices, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

DC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *“authorization”* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when DC is asked for information for purposes outside of treatment, payment and health care operations, DC will obtain an authorization from you before releasing this information. DC will also need to obtain an authorization before releasing your psychiatric notes. *“Psychiatric notes”* are notes DC has made about a conversation during a private, group, joint, or family counseling and/or psychiatrist session, which DC has kept separate from the rest of our medical records. These notes are given a greater degree of protection for PHI.

You may revoke all such authorizations (of PHI or psychiatric notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) DC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

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III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If, in the professional capacity of a DC practitioner, the DC practitioner knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, the DC practitioner is required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- **Adult and Domestic Abuse:** If a DC practitioner has reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, that DC practitioner is required by law to immediately report such belief to the County Department of Job and Family Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and DC will not release this information without written authorization from you or your persona or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If your DC practitioner believes that you pose a clear and substantial risk of imminent or serious harm to yourself or another person, the DC practitioner may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to your DC practitioner an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more identifiable victims, and the DC practitioner believes you have the intent and ability to carry out the threat, then the DC practitioner is required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), victim's parent or guardian, all of the following information: a) the nature of the threat, b) your identity, c) the identity of the potential victim(s).

IV. Client's Rights and Practitioner's Duties

Client'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, DC is not required to agree to a restriction you request.

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- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving treatment at DC. Upon your request, DC will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in the DC mental health billing record used to make decisions about you for as long as the PHI is maintained in the record. DC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, DC will discuss with you the details of the request process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. DC may deny your request. On your request, DC will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, DC will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notices from DC upon request, even if you have agreed to receive the notice electronically.

Practitioner's Duties:

- DC is required by law to maintain the privacy of PHI and to provide you with a notice of the relevant legal duties and privacy practices with respect to PHI.
- DC reserves the right to change the privacy policies and practices described in this notice. Unless you are notified by DC of such changes, however, DC is required to abide by the terms currently in effect.
- If DC revises these policies and procedures, DC will notify you in person, in writing, or by telephone.

V. Complaints

If you are concerned that DC has violated your privacy rights, or you disagree with a decision that is made about your access to your records, you may contact Delmore Counseling, LLC and speak with Kirsten Delmore, MSW, LISW at 614-888-8400. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on March 9, 2009. If this notice is revised, DC will notify you in writing by U.S. Mail, by telephone, or in person.

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My signature below indicates that Delmore Counseling, LLC has given me access and/or a written copy of the “**Ohio Notice Form**” as required by the **HIPAA** regulations.

Client/Guardian Signature

Date

Witness

Date