

Healing Minds Counseling Center LLC  
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**\*\*NOTICE OF PRIVACY PRACTICES\*\***

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. HEALING MINDS COUNSELING CENTER LLC (HMCC) PLEDGE REGARDING HEALTH INFORMATION: HMCC understands that health information about you and your health care is personal. HMCC is committed to protecting your personal healthcare information. HMCC will create a record of the care and services you've received. These records are needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by HMCC. This notice will tell you about the ways in which Healing Minds Counseling Center may use and disclose health information about you. Your rights to the health information that is obtained from you and certain obligations the company has regarding the use and disclosure of your health information are also outlined in this document. HMCC is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- HMCC can change the terms of this Notice, and such changes will apply to all information obtained about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways the company will use and disclose your health information. Each category of uses or disclosure will be outlined with an explanation. Not every use or disclosure in a category will be listed. However, all of the ways HMCC is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. HMCC may also disclose your protected health information for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in the diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a

subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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

1. **Psychotherapy Notes.** HMCC will 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 my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. (c) For use in defense in legal proceedings instituted by the client. (d) For use by the Secretary of Health and Human Services to investigate the company’s compliance with HIPAA. (e) Required by law and the use or disclosure is limited to the requirements of such law. (f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. (g) Required by a coroner who is performing duties authorized by law. (h) Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** Your information (PHI) will never be used or disclosed for marketing purposes.
3. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I 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 HMCC’s preference is to obtain Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on HMCC’s premises.
6. Appointment reminders and health-related benefits or services. HMCC may use and disclose your PHI to contact you to remind you that you have an appointment. Your PHI may also be used to tell you about treatment alternatives, or other healthcare services or benefits that are offered.

### V. 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 the therapist not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
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 Your PHI is Sent to You.** You have the right to ask the therapist to contact you in a specific way (for example, at home or office phone) or to send mail to a different address, and the therapist will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that is obtained. You will be provided with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and you may be charged a reasonable, cost-based fee for doing so.

5. The Right to Get a List of the Disclosures HMCC Have Made. You have the right to request a list of instances in which HMCC has disclosed your PHI for purposes other than treatment, payment, or healthcare operations, or for which you provided me with an Authorization. The therapist will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list that will be provided to you will include disclosures made in the last six years unless you request a shorter time. You will be provided with the list at no charge, however, if you make more than one request in the same year, you will be charged 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 HMCC correct the existing information or add the missing information. Your request will either be honored or you will receive a detailed response to your request explaining why the request was not honored 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 receive a paper copy of this Notice, and you have the right to receive 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.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 02/01/2020

This notice was updated on 03/15/2023