

Audrey ONeal
License number 011144
Growth and Change Services Inc.

This Notice describes her medical/health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This practice is deeply committed to protecting the privacy and confidentiality of its clients. The health insurance portability and accountability act of 1996 (HIPAA) Requires all healthcare records another individually identifiable health information or protected health information used or disclosed to us in any form, whether electronically, on paper, or early, because it is confidential. We are required by the HIPAA law to provide you this detailed explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

1. Uses and Disclosures with your authorization

Except as described in this notice, we will use and disclose your protected health information only with your written authorization. You may revoke an authorization in writing at any time. If you revoke an authorization, we will no longer use or disclose your protected health information for the purpose covered by that authorization, except we have already relied on that authorization.

2. How We May Use and Disclose Medical/Health Information about you

The following categories describe different ways that we may use and disclose medical/health information referred to as your protected health information.

For treatment. We may use and disclose your protected health information to provide you with counseling services. We may disclose medical information about you only to others who are involved in providing you care at our Office or others who are involved in the review or supervision of those services or to those who are requiring justification of your need for services. We are necessary, we may disclose and receive medical information from other health providers involved with your care. It is only with your written permission that we will disclose information to family members, friends, clergy, or other professionals involved in your care. In order to facilitate treatment, we may disclose other protected health information to outside companies and agencies that handle dimensions of our business practice. We will also use your protected health information to establish diagnostic impressions, a treatment plan, and to track the progress of your health conditions.

For payment. We may use it as close to your protected health information for billing and payment purposes. This means that we may use this close protected health information about you so that services you receive at her office may be billed to you and payment may be collected from you, insurance company or third-party. For example, we may need to give your health plan a diagnostic code or codes procedure codes, dates of service, and or amount charge so your health plan will pay us or reimburse you for counseling services rendered.

Similarly, your identity may be revealed to our bank when we deposit a check that you have written for services.

For healthcare operations. We may use and disclose your protected health information as necessary for healthcare operations, such as management, personnel evaluation, contracting with insurance companies and complying with your clinical review, consultation, education and training. Protected health information is not used in our consultation and education procedures. As well as communication among health providers for quality assurance. Training may also include evaluating the qualifications, competence, and performance of healthcare professionals as well as the same within the training of future health professionals. In order to facilitate treatment, we may disclose protected health information to outside Companies and agencies that handle dimensions of our business practice based on contracts we have established with them. For example, billing services, scheduling systems, and merchant services. Appointment reminders. We may use and disclose your protected health information when we contact you with reminders for your appointment by phone, text or email. We may also contact your emergency contact or contacts if we were no longer able to reach you through the contact information that we have on file.

Treatment alternatives and health related benefits and services. We may use and disclose your protected health information to tell you about or recommend possible treatment options or alternatives as well as health related benefits or services that may be of interest to you. We may also use your protected health information to follow up with you after you have ceased receiving counseling services and even after you have been discharged as a client. Specific uses in special situations. Psychotherapy notes.

HIPAA afford psychotherapy notes more protection. Most notably from third-party payers then they be given in the past .Under HIPAA, psychotherapy notes are defined as “notes recorded in any medium by healthcare provider who has a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individuals medical record.”

Psychotherapy notes exclude medication prescription and monitoring, counseling session starts and stop times, the modalities and frequencies of treatment furnished, results of clinical test, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress today. Patients do not have the right to obtain a copy of these under HIPAA except in certain states. When a counselor gives the patient access to his or her notes the denial isn't subject to a review process, as it is with other records.

Psychotherapy notes may be kept in the same or different medium as other types of notes and records. However, when they are kept in the same medium, they will be clearly distinguished and psychotherapy notes.

3b. Other Situations

Individuals involved in your care or payment for your care. At your request and with your permission, we will disclose your protected health information to you, your personal representative - a person who is authorized by law to act on your behalf with respect to healthcare matters.

A friend, family member, or other people you choose. As required by law. We may use or disclose your protected health information when required by law to do so. Any session summary notes related to your counseling care will not be released without your consent unless required by law. Health oversight activities. We may disclose your protected health information about the request or to obtain an order protecting the information requested, including motions to squash. Law-enforcement. We may use and disclose your protected health information if I asked to do so by law enforcement officials, but only: in response to a court order, subpoena, warrant, summons or similar process. To identify or locate suspect, fugitive, material witness or missing person; about the victim of a crime, , under certain limited circumstances we are able to obtain the person's agreement; about a death that may be the result of a criminal conduct; about criminal conduct at our office; in an emergency circumstance to report a crime; the location of the crime or victims; the identities; description or location of the person who may have committed the crime.

In the event of potential criminal conduct at her office or when reporting a potential crime against another client or a member of our clinical administrative staff, we will operate as if we had your implied consent to reveal your protected health information and notifying the appropriate law-enforcement authorities. Research. You may use or disclose your protected health information for research purposes if the privacy aspects of the research have been reviewed and approved if the researcher is collecting information and preparing a research proposal, if the research occurs after your death, or if you authorize the user disclosure. Military, veterans, and other specific government functions. If you are a member of the arm forces, we may use and disclose your protected health information is required by the military command authorities. We may use and disclose your protected health information to authorize federal officials for national security purposes, intelligence, counter intelligence, other national security activities authorized by law. You may use and disclose your protected health information to authorize federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Coroners, medical examiners, funeral directors, organ procurement organizations. We may release your protected health information to a coroner, medical examiner, funeral director or if you are an organ donor, to an organ procurement organization.

To avert a serious threat to health or safety. We may disclose and use your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat or otherwise legally required to be notified.

Reporting victims of abuse, neglect, or domestic violence. If we suspect that you have been the victim or perpetrator of abuse, neglect, domestic violence, we may use and disclose your

protected health information to notify a government authority if authorized by law or if you agree to report.

Inmate/law-enforcement custody. If you are under the custody of a law-enforcement officials or a correctional institution, we may use and disclose your protected health information to the official or institution for certain purposes including the health and safety of you and others. Involving treatment of people under guardianship. If you are in the custody or guardianship of another person, including any person under the age of a majority for example a child or adolescent under 18 years of age, who has not been emancipated, then your protected health information may be shared with your parent or guardian. In case of minors who have been removed from their home, unless otherwise specified in writing, noncustodial parents shall only have limited access to protected health information. However, the involved governmental agency may designate individuals such as foster parents or parent advocate to be provided access to protected health information. Court appointed advocate or advocates for a minor adult who is under guardianship of whom the government is otherwise involved will be provided access, on request, to protected health information in the same manner as a guardian.

4. Your rights regarding health information about you

Listed below are the rights you may have regarding your protected health information. Each of these rights is subject to certain requirements, limits, exceptions. Exercise of these rights requires submitting a written request of this private practice at your request we will provide you with the appropriate format or form to complete. You have the right to: request restrictions. You have the right to request restrictions on our use of and disclosure of your protected health information for treatment, payment, or healthcare operations. You also have the right to request restrictions on your protected health information that we disclose about you to a family member, friend, or other people who are involved in your care or the payment of your care. Your request may be in writing. We are not required to agree with your requested restriction except that if you are mentally competent you may restrict disclosures to family members or friends. If we do agree to except your requested restriction, we will comply with your request except as needed to provide emergency treatment or in accordance with federal and state laws.

Access to personal health information. You have the right to inspect and obtain a copy of your clinical or billing records or other written information that we may have used to make decisions about your care, subject to some exceptions. Your request must be in writing. In most cases, we may charge a reasonable fee for a cost and copying and mailing you requested information. We may deny your request to inspect to receive copies in certain limited circumstances. If you are denied access to health information, in some cases you have a right to request a review of the denial. This practice may maintain some or all of your protected health information in an electronic health record. The only electronic device holding the electronic record will be password-protected and not accessible to anyone but the clinician. Request amendment. You have the right to request amendment of your protected health information maintained by your clinician for as long as the information is kept by the practice which is usually seven years. Your request must be in writing and must state the reason for the requested amendment. We may deny request for an amendment if the information was not a) created by this practice or one of

the affiliated clinicians unless the originator of the information is no longer available to act on your request

b) is not part of the health information by maintained by this practice

C) it's not part of the information to it you have the right to access or

D) it's already accurate and complete, as determined by growth and change services Inc.

Request an accounting disclosure. You have the right to request“ accounting of disclosures.“

This is a list of the disclosures we made of you by a clinician. The period of time covered by the disclosure may be limited by this practice and will not cover. In excess of five years. Your request has been in writng.. Request confidential communications by alternative means. You have the right to request that we communicate with you about your protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at home, or at work, or by mail. Your request must be in writing and must be very specific as to how you want and would like that we communicate with you or not communicate with you.We will not ask you the reason for your request. We will accommodate all reasonable requests right to a paper copy of this notice. You have the right to request a paper copy of this notice. You may ask us to give you a copy of this notice any time at and one will be furnished to you in a reasonable amount of time usually immediately. You may also be able to obtain a copy of this notice through the patient portal or on our website.

5. Changes to this notice

We are allowed to reserve the right to change this notice. We reserve the right to make the revision or change notice effective for information that we may have already as well as any information we receive in the future. We may post a copy of this current notice with the effective date on our website as well as have it available in our office.

6. For further information or to file a complaint you have the right to request additional information and or to file a formal written complaint regarding our privacy practices from us and from the office of civil rights in the US Department of health and human services.

Growth and change services Inc.

Audrey O'Neal

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River, NJ 08755

Office of civil rights: 200 Independence Ave.,SW Washington, DC 2201

[Www.hhs.gov/ice/HIPAA](http://www.hhs.gov/ice/HIPAA)

Acknowledgment of receipt and detailed explanation:

Print first and last name:

Client signature:

Date:

