

Notice of Privacy Practices (HIPAA)

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

Mooney and Associates, LLC only releases information in accordance with state and federal laws and the ethics of the counseling profession. This notice details policies related to the use and disclosure of your protected health information (PHI) for the purposes of providing services. Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes according to the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

Treatment:

Mooney and Associates, LLC may use and disclose your PHI to provide, manage, or coordinate your health care and other related services. For example, your PHI may be provided to a doctor for the purpose of a referral.

Payment:

Mooney and Associates, LLC may use and disclose your PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. Pre-verification may be required in some instances to ensure that your health care plan will cover a service.

Healthcare Operations:

Mooney and Associates, LLC may use and disclose your PHI for the purpose of reviewing treatment procedures, business activities, certifications, staff training, and compliance with licensing activities.

Contracted Agencies:

Mooney and Associates, LLC may use and disclose your PHI for services provided through contracts with other agencies or providers, such as a medical billing assistant. Your PHI will be appropriately protected.

As Required By Law:

Mooney and Associates, LLC may use and disclose your PHI when required to do so by military, federal, state, or local authorities. In emergencies, and as mandated reporters, we may use and disclose your PHI to prevent a serious threat or imminent risk to your health and safety and the safety of the public or another person.

With Your Consent:

With your written authorization Mooney and Associates, LLC will disclose your PHI to someone who is involved in your treatment, as requested by you. You may revoke this authorization at any time with a written request, otherwise the authorization will expire one year from the date it is signed.

Other Uses and Disclosures Without Your Consent:

The law requires us to disclose information without your authorization only in a limited number of circumstances. The following uses and disclosures of your PHI may occur without your authorization:

Abuse or Neglect of a Child or Vulnerable Adult: Licensed Mental Health Counselors are mandated reporters. If there are any reports of or suspicions of previously unreported physical or sexual abuse or neglect to a child (under age 18) or a vulnerable adult (i.e. disabled or elderly age 70 and older) or if a child or a vulnerable adult is in danger of being abused, a report will be filed as required by law to the appropriate agency.

Crimes on the Premises or Observed by this Provider: Crimes that are observed, that are directed towards this therapist or occur on the premises will be reported to law enforcement.

Court Orders: If you are involved in any legal matters such as a lawsuit or a dispute, and those that involve court proceedings, Mooney and Associates, LLC is obligated to provide the requested information and/or your clinical record or appear as subpoenaed, summoned, or the like by the

Court Health Oversight Activities: Mooney and Associates, LLC may use and disclose your PHI for activities authorized by law for health oversight activities such as audits, investigations, inspections, and licensure.

In Death: Mooney and Associates, LLC may release PHI to medical examiners as authorized by the law and regarding an issue concerning a deed, will, property or investigating a client's death. If you have advance directives (i.e. a living will, power of attorney, and health care) that pertain to your treatment, please submit a copy of them in writing to your counselor.

Emergencies: In life threatening emergencies, the provider will disclose information necessary to avoid serious harm or death. In addition, in the case of an emergency, you permit Mooney and Associates, LLC to contact the person you identify as your emergency contact.

Family Members: PHI cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, PHI will not be disclosed.

Electronic Communication: There are risks to confidentiality with any electronic modality. Please be aware that electronic communication (i.e. email and text messaging) will only be used with your permission and primarily for administrative purposes. These forms of communication cannot be guaranteed to be confidential although provisions to secure confidentiality (i.e. password protected documents, HIPAA secure faxing, etc.) will be taken whenever possible. Email exchanges, phone calls, and text messages with Mooney and Associates, LLC should be limited to scheduling and changing appointments and billing matters. Please do not email or text about clinical matters as these are not secure ways to contact your therapist. If you need to discuss a clinical matter, please wait until you are face-to-face with your therapist.

Consultation and/or Supervision: In an effort to provide effective treatment, I participate in consultation where a client's case may be discussed with other mental health professionals in order to ensure you are receiving the best care. Your confidentiality will be protected.

Client Rights:

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI and this request must be in writing. We will attempt to honor your request but we are not required by law to do so.

Right to Request Alternative Means of Receiving Confidential Communications: You have the right to request that you receive communications of PHI from this therapist by alternative means, or alternative locations. For example, if you do not want materials mailed to your home, you can request that this information be sent to another address. There may be certain limitations to the granting of such requests, which will be provided to you at the time of the requested process. To make a request, ask this therapist.

Right to Release your Records: You have the right to release your records to others and the right to revoke the release by writing; however, revocation is not valid on previously released authorizations.

Right to Inspect and Copy your Records: You have the right to inspect and/or obtain a copy of information in your file for as long as your file is maintained. Mooney and Associates, LLC may deny this request and there may be charges for copying or mailing your record.

Right to Add or Amend Information in your Record: You have the right to request to amend a record. Mooney and Associates, LLC may deny this request and is not required to amend the record if it is determined that the record is accurate and complete. If denied, you have the right to file a disagreement statement, which will be filed in the record. Your amendment must be in writing.

Right to Accounting of Disclosures: You have the right to request an accounting of disclosures we make of your PHI in circumstances other than treatment, payment, healthcare operations, and instances of a signed release, national security, or law enforcement.

Right to Complain: If you believe that Mooney and Associates, LLC has violated your privacy rights, you have the right to file a complaint. Your therapist is the person designated within the practice to receive your complaints. If you are not satisfied, you also have the right to complain to the United States Secretary of Health and Human Services, by sending a written complaint to: Office of Civil Rights, U.S. Department of Health & Human Services, 200 Independence Avenue, S.W. Room 515F HHH Bldg., Washington, DC. 20201. Mooney and Associates, LLC will not retaliate against you for filing a complaint.

Right to Receive Changes in Policy: Mooney and Associates, LLC is required to abide by the terms of this Notice, or any amended Notice that may follow. You have the right to request notice of any future policy changes.

*Please print and sign the **Acknowledgement of Receipt of Privacy Practices (HIPAA)** located on the following page. You may keep the **Notice of Privacy Practices (HIPAA)** for your records.*

Acknowledgement of Receipt of Privacy Practices (HIPAA)

Name: _____ Date of Birth: _____

I hereby acknowledge that I have received a copy of Mooney and Associates, LLC Notice of Privacy Practices.

Signature: _____ Date: _____