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**NOTICE OF PRIVACY PRACTICES**

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

*My commitment to your privacy:* I understand the importance of privacy and am committed to maintaining the privacy of your personal health information as part of providing you professional care. I am required by law to maintain the privacy of protected health information, to provide individuals with notice of my legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This Notice of Privacy Practices (the Notice) gives you important information regarding your right to privacy.

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

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes without your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
  - *Treatment* is when I provide, manage or coordinate your health care and other services related to your health care. An example of treatment would be when I consult another health care provider, such as your family physician or another counselor.
  - *Payment* is when I secure reimbursement for health care services rendered. Examples of payment are when I disclose your PHI to your medical insurance company to obtain reimbursement or to determine eligibility or coverage, or to billing staff or insurance representatives to process claims and collect fees for services rendered.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice effectively and ensure quality of care. Examples of health care

operations are review of treatment procedures, quality assessment and improvement measures, business-related matters such as insurance audits and administrative services, and case management and coordination of care.

- “*Use*” applies only any activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing your PHI information or billing for services rendered that identifies you.
- “*Disclosure*” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

## II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that

(1) I have 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. The law permits me to use or disclose PHI for treatment, payment, and health care operations and the following purposes :

- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** I may use and disclose Health Information to contact you to remind you that you have an appointment with me. I also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** When appropriate, I may share Health Information with a person who is involved in your professional care or payment for your care, such as your family or a close friend. I also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Marketing:** I may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you provided I do not receive any payment for making these communications. I may also describe products or services provided by this practice and tell you which health plans this practice participates in. I will not otherwise use or disclose your health information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether I receive any compensation for any marketing activity you authorize, and I will stop any future marketing activity to the extent you revoke that authorization.

- **Breach Notification:** In the case of a breach of unsecured protected health information, I will notify you as required by law. If you have provided me with a current e-mail address, I may use e-mail to communicate information related to the breach. In some circumstances my business associate(s) may provide the notification. I may also provide notification by other methods as appropriate.

### III. Uses and Disclosures that Do Not Require Consent or Authorization

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

- **Required by Law:** As required by law, I will use and disclose your health information, but I will limit my use or disclosure to the relevant requirements of the law. When the law requires me to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, I will further comply with the requirement set forth below concerning those activities.
- **Child Abuse:** If, in my professional capacity, I know or suspect 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 threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child, I am required by law to report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- **Elder and Domestic Abuse:** If I have 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, I am 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 concerning your evaluation, diagnosis and treatment, and the records thereof, such information is privileged under state law and I 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 I believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, I 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 me an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims and I believe you have the intent and ability to carry out the threat, then I am required by law to take one or more of the following actions in a timely manner: 1) take steps to arrange for your hospitalization 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 of risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).

- **Worker's Compensation:** If you file a worker's compensation claim, I may be required to give your mental health information to relevant parties and officials.
- **Military and Veterans:** If you are a member of the armed forces, I may release Health Information as required by military command authorities. I also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Business Associates:** I may disclose Health Information to our business associates that perform functions on my behalf or provide me with services if the information is necessary for such functions or services. For example, I may use another company to perform billing services on my behalf. All of my business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in my contract.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, I may disclose Health Information in response to a court or administrative order. I also may disclose Health Information in response to a subpoena, discovery request, or other lawful process 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.
- **Law Enforcement:** I may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, I am unable to obtain the person's agreement; (4) about a death I believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

If you have specific legal questions about the laws governing confidentiality, you may want to consult an attorney for further explication of the privacy legislation.

#### IV. Client's Rights and Counselor's Duties Regarding your PHI

##### Client's Rights:

- *Right to Request Restriction* – You have the right to request restrictions or limitations on certain uses and disclosures of your PHI. You have the right to request a

restriction or limitation on the Health Information I use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information I disclose to someone involved in your care or in the payment for your care, like a family member or friend. For example, you could ask that I not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Amy L. Gould, LPCC-S. I am not required to agree to your request unless you are asking me to restrict the use and disclosure of your Protected Health Information to a health plan for payment, or health care operation purposes, and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If I agree, I will comply with your request unless the information is needed to provide you with emergency treatment.

- *Out-of-Pocket-Payments.* If you paid out-of-pocket (or in other words, you have requested that I not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and I will honor that request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of your PHI in a manner or place that protects your privacy. For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of PHI notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request process.
- *Right to Get Notice of a Breach* – You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- *Right to Amend* – If you believe the information in the PHI is incorrect or has omitted important information, you have the right to submit a written request to me to amend the PHI for as long as the PHI is maintained in the record. I may deny your request. If your request is denied, you have the right to file a statement of disagreement which will be added to your record.
- *Right to and Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization.
- *Right to a Paper Copy* – You have the right to and will receive a paper copy of the Notice of Privacy Practices (the Notice). You may request a copy of this notice at any time. Even if you agreed to receive this notice electronically, you are still entitled to a

paper copy of this notice. You may obtain a copy of this notice at my website, [www.amygould.com](http://www.amygould.com).

- *Right to Complain* – As a private practice clinician, I act as my own Privacy Officer. If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you have the right to file a complaint with the Privacy Officer and, if there is no resolution with which you are satisfied, with the U. S. Department of Health and Human Services. All complaints must be made in writing.

#### Counselor's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will inform you verbally as well as in writing of such changes.

#### V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the American Counseling Association and/or the Ohio Counselor Social Worker, Marriage & Family Therapy Licensing Board. Residents of Georgia may contact the American Counseling Association and/or the Office of the General Counsel, Georgia Department of Public Health, 2 Peachtree Street N.W., 15 Floor, Atlanta, GA 30303. For further information you may contact the DPH Privacy Officer, Office of the General Counsel at (404) 657-2700. There will be no retaliation for filing a complaint. You may also send a written complaint to me, Amy L. Gould, LPCC-S, or to the Secretary of the U.S. Department of Health and Human Services. Amy L. Gould, LPCC-S 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 September 23, 2013. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice in writing as well as discuss the reason for such with you. At which time I may request that you sign an updated consent form that you have reviewed the changes and agree to such.

Amy L. Gould, LPCC-S  
Privacy Officer

Effective Date: September 23, 2013