

## **Notice of Privacy Practices**

This Notice Describes How Medical and Health Care Information About You May Be Used And Disclosed. Please Review It Carefully.

### **Office Practices:**

Heidi van der Walde LCPC, Patricia DeCesare LCSW-C, LLC, and Tracey Butler Counseling and Consulting Services, Inc., are independently practicing therapists who work collegially and collaboratively at Life Transformations. We are not employed by Life Transformations and we do not supervise each other or provide legal or medical oversight in the treatment decisions or standard of care of clients other than our own as independently practicing therapists.

The privacy practices noted here are for general information purposes only and should be discussed in further detail with your individual therapist.

Information regarding your health care is protected by HIPAA (Health Insurance Portability and Accountability Act, 1996). Under this law, your therapist may not disclose that you are a client or disclose any other protected information without your written consent or as permitted by federal law. Generally, you must sign a written consent before your therapist can share information for treatment purposes. Your therapist will share information with your insurance company, family members, or health care providers with your consent. However, Federal and State laws permit your therapist to disclose information without your permission under the following circumstances:

- If information provided leads to a suspicion of child or vulnerable adult abuse or neglect, this information will be reported to appropriate authorities such as police or Child Protective Services.
- To medical personnel in the event of a medical or clinical emergency.
- As required by a court order or subpoena.
- Threats of harm to self or others require your therapist to report to police or other emergency personnel.
- To report a crime or threats committed against the therapist, other clients, or any person who works at the practice.

### **Reviewing your Protected Health Information:**

You have the right to inspect and obtain a copy of protected health information maintained in your therapist's files. You will be expected to make an appointment for this and you will be charged fees for copying. You may also request that your records be sent to a mental health professional for their review. If you choose to do this, you will be charged fees for copying. Some protected health information in your files, particularly if it was provided to your therapist by others, may not be reviewed or copied.

### **Amending your Protected Health Information:**

You have the right to amend your protected health information in your files for as long as that protected health information is maintained in our files. You may not amend material that was not created by your therapist. You may add written material to your record to clarify information if you believe the information is false, inaccurate or incomplete. You may amend your records once annually at no cost. If you amend your records more frequently, you will be charged fees for copying.

### **Disclosures:**

You have the right to request an accounting of all disclosures of your protected health information that your therapist may make if the disclosure was for something other than treatment, payment or business needs. You have the right to request an accounting of any disclosures you authorized.

### **Information and Complaints:**

If you want more information about your Privacy Rights or our Privacy Practices, or wish to file a complaint if you are concerned that these rules have not been followed, you may contact the Secretary of Health and Mental Hygiene, Division of Corporate Compliance at 1-866-770-7175. You will not be retaliated against you if you file a complaint of any kind.

### **Duration of this notice:**

This notice goes into effect on March 1, 2014. The terms of this notice may be changed at any time. If this happens, you may obtain any new notice by request.

### **Safety:**

We are committed to the safety of clients and staff in this office. This practice will not tolerate threats, harassment, physical or verbal aggression,

the carrying of weapons, drugs, or alcohol. Violation of this rule will result in immediate discharge from treatment.

**Divorce, Custody and Visitation:**

Please note that this practice does not provide evaluation or consultation for clients involved in divorce, custody, or visitation issues or any legal proceedings concerning these.

**Payment:**

Please discuss payment arrangements/health insurance coverage with your individual therapist.