

NOTICE OF PRIVACY PRACTICES

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.

(Effective Date : March 1, 2013)

I. My Duties

The privacy and confidentiality of your health information is very important, and I am committed to protecting it to the extent I can, consistent with law and ethical standards. Your health information includes records that I create and obtain in order to provide care to you, including, for example, any record of your symptoms, examinations and test results if applicable, diagnoses, and a summary of treatment and referrals. Bills, insurance claims and other payment information is also a part of your health information.

I am required by law to maintain the privacy of your protected health information , to provide you with this Notice of my legal duties and privacy practices with respect to your health information that I collect and maintain, and to comply with the terms of my most current notice.

I am required to notify you in writing if the privacy of your health information is breached and there is more than a low probability that the information has been compromised.

II. Uses and Disclosures of Protected Health Information – Payment, Treatment and Health Care Operations

Under the law, I am permitted to use and disclose personal health information without authorization for treatment, payment and health care operations. In some situations, state law or the ACA's *Code of Ethics* may require me to obtain your express authorization before disclosing certain portions of your record and protected health information. I may also choose to require your written authorization for the release of information in certain circumstances.

Treatment: For example, I may discuss certain aspects of your counseling with your psychiatrist or other health care provider in order to provide the best treatment and medication for you. Likewise, your psychiatrist may discuss certain medication management issues with me so I can collaborate in treatment.

Payment: If your health insurance company for payment, needs more information than what is printed on your receipt, I will provide only the minimum amount of information necessary for the insurance company to process the claim. This may include the diagnosis and explanation of care provided.

Health care operations may include internal quality review, or legal review.

III. Other Uses and Disclosures of Protected Health Information

Besides use and disclosure for treatment, payment and health care operations, I may use and disclose your personal health information without authorization for the following purposes.

Abuse, Neglect or Domestic Violence: I may disclose protected health information about you to a state or federal agency if I am required or permitted by law to report child or vulnerable adult abuse or neglect or domestic violence. When possible, and as consistent with my professional judgment in order to avoid harm to you or others, I will inform you of the need to make such a disclosure.

Judicial or Administrative Proceedings: I may disclose health information about you in the course of a judicial or administrative proceeding as required by law. For example, if a court orders me to release information, I must generally comply with the order.

Law Enforcement: If authorized or required by law, I may release health information to law enforcement officials. For example, I may release limited information to help identify a suspect or fugitive or report a crime related to a medical emergency.

Health Oversight Activities: I may disclose health information about you to governmental, licensing, auditing or health care accrediting agencies where authorized or required by law. For example, information may be released to the state counselor licensure board if a complaint is filed against me.

Appointment Reminders and other Health Services: I may contact you to remind you of appointments or to inform you of treatment alternatives or other options and services that may be of interest to you.

Prevention of Serious Threat to Public Health or Safety: In accordance with law and ethics, I may use and disclose health information about you to prevent or minimize the risk of a serious and imminent threat to your health and safety or to the health and safety of another person or the public.

Personal Representative: I may disclose health information about you to a “personal representative” authorized to act on your behalf in making health care decisions.

Research and Related Activities: I may disclose health information about you for research purposes in accordance with my legal and ethical obligations. Additionally, federal law allows us to create a “limited data set,” which does not include information such as your name, address, Social Security number. This limited data set may be shared with those who have signed a contract promising to protect the privacy of the information and to use it only for research, health care oversight and health care operations.

Worker’s Compensation/ Employee Assistance Program: I may disclose health information about you for worker’s compensation or employee assistance program as authorized or required by law. These programs provide benefits for certain work-related illnesses and injuries or employee related mental health issues.

Required by Law: I may disclose information about you when required to do so by federal, state or other applicable law.

Authorization Required for Other Uses or Disclosures: I will obtain your written authorization for any other use or disclosure of your protected health information. You have the right to revoke any authorization, in writing and in accordance with this Notice, to the extent that action has not been taken in reliance on the authorization.

Psychotherapy notes are not among the records that you may, by law, review or copy, unless I believe it is in your best interests to access them. I will be happy to discuss the issue of psychotherapy notes with you if you have any questions. I will not disclose your psychotherapy notes to any other person without your authorization.

IV. Uses and Disclosures Requiring Your Authorization

It is not my practice to make disclose of my clients’ protected health information which constitutes either the sale of the information or marketing. However, should this change in the future, I would not do either of these things without your prior written authorization.

V. Your Rights regarding Health Information

You have certain rights regarding health information that I create and maintain about you. These rights include:

Right to Inspect and Copy. With certain exceptions (such as psychotherapy notes as described above, information collected for certain legal proceedings and health information restricted by law), you have the right to inspect and/or receive a copy of your records. If I am unable to accommodate your request, I will inform you in writing of the reason for the denial and your right, if any, to request a review of the denial. I may charge you a reasonable fee for copying your records.

Right to Request Communication by Alternative Means. If you would like me to communicate with you in a certain way (e.g., by leaving a message on your office phone number) or at a certain location (e.g., home only), I will make efforts to accommodate such requests for confidential communications as long as they are reasonable. I may request that you give me an alternative means to reach you, especially if there is an emergency. If I am unable to contact you using your requested means, I may contact you using any information I have.



Right to Request Restrictions. You have the right to request that I restrict or limit certain uses and disclosures of information. You may be asked to submit this request in writing. However, I am not required to agree to your request, with one exception; if you do not wish me to communicate with your insurance company regarding services for which you have paid in full, I may not do so. Please note, however, that this may impact your ability to be reimbursed for services by your insurance, if any. In general, I will let you know whether I am able to honor a request for restrictions on disclosure.

Right to Receive a Paper Copy of this Notice. You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Right for an Accounting of Disclosures. You have a right to ask me to provide you with an accounting of disclosures I have made of your protected health information. Some exceptions apply. For example, I am not required to include disclosures made for treatment purposes, or disclosures made to you.

Right to Request an Amendment of your records. You have a right to ask me to make an amendment to your records. Such requests must be made in writing, and I will let you know in a timely manner whether I am able to make the requested amendment.

Right to Revoke Authorization(s) for the Release of Information

If you sign an authorization for the release of information, you may revoke such authorization, in writing, at any time, except to the extent that I have already acted in reliance upon it. In order to make any requests or exercise any rights set forth above, you must submit your request in writing to: Further contact information is set forth in Section V, immediately below this section.

Right to Receive Notification in the Event of a Breach of your unsecured protected health information. Should this occur we will let you know no more than 60 days from when we learn of the breach. Our notice will tell you what was disclosed, when, and will offer ways to mitigate against any potential harm from the disclosure.

VI. Contact Information

After reviewing this Notice, if you need any further information or wish to contact me for any reason regarding your protected health information, please contact:

VII. Questions or Complaints

If you believe that your privacy rights have been violated, you may file a written complaint and address it to Cheryl A. Rowland, LLC at: 1516 East Market Street, York, PA 17403.

You may also file a complaint with the Secretary of Health and Human Services (HHS). Instructions for filing a complaint with the appropriate office for your region can be found at: <http://www.hhs.gov/ocr/howtofileprivacy.pdf>.

Alternatively, you may call 1-800-368-1019 and request instructions for filing a complaint. There will be no retaliation for filing a complaint.

VIII. Future Changes to this Notice and My Privacy Practices

I reserve the right to amend the terms of my privacy practices and policies and this Notice. If this Notice is revised, the changed terms will apply to all health information about you, including information obtained before the effective date of the revised Notice. Any materially revised Notice will be distributed to all clients, posted in my waiting area and posted on my website.

IX. Effective Date

This Notice is effective 3/1/2013