

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. At Looking Glass Counseling, we are required by law to maintain the privacy of your Protected Health Information (PHI). This includes information that is collected during the course of your treatment, such as your symptoms, diagnoses, treatment and a plan for future care. Information about care that you have received from other providers may also be included in your record. PHI also includes demographic information and payment information. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time, and we will provide you with a copy of the version.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: I may use your PHI to provide and manage your health care. If I refer you for other treatment, such as emergency psychiatric treatment, I will provide that health care provider with the necessary information to diagnose or treat you. In addition, I may share your PHI with other health care providers who may consult with me about your care. I believe this is critical to provide you the very best treatment and is necessary given the complexities of various mental illnesses and issues.

For Payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: We may use or disclose, as needed, your PHI in order to support out business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For examples, we may share your PHI with third parties that perform various business activities (ie: billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training and teaching purposes, PHI will be disclosed only with your authorization.

Required by Law: Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating and determining our compliance with the requirement of the Privacy Rule.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without our authorization only in a limited number of other situations, such as:

- **Required by Law:** In the case of a mandatory reporting of child abuse or neglect, or in the case of mandatory government agency audits or investigations such as by the counseling licensing board or the health department.
- **Legal Proceedings:** I may be required to disclose PHI in the course of any judicial or administrative proceeding in response to a legal order or other lawful process including a subpoena. I will consult an attorney or my professional organization to seek advice on ways to protect your confidential information.
- **Threat to Health or Safety:** If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person(s) reasonably able to prevent or lessen the threat, including the target of the threat.
- **Worker's Compensation:** I may disclose your PHI to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

NOTICE OF PRIVACY PRACTICES (continued)

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Looking Glass Counseling LLC, 402 Highland Ave. Suite G, Somerville, MA 02144.

Right of Access to Inspect and Copy: You have the right to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where compelling evidence that access would cause serious harm to you.

Right to Amend: If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures that we make of your PHI.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

Right to a Copy of this Notice: You have the right to a copy of this notice.

If you have any questions regarding this Notice of Privacy Practices, please contact Looking Glass Counseling LLC, 402 Highland Ave. Suite G, Somerville, MA 02144.

I have read and received the Notice of Privacy Practices. I have been able to ask questions about how Looking Glass Counseling LLC will use and disclose my protected health information to carry out treatment, payment or health care operations for purposes that are permitted or required by law. I have also read and understand my rights with regard to my health information.

Signature of client or parent/guardian

Date

Printed name of client and parent/guardian

Looking Glass Counseling LLC
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