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Phillips Mental Health Counseling, P.C

SUMMARY: Form # 7: NOTICE OF PRIVACY PRACTICES (HIPPA).

THIS IS A SUMMARY OF OUR opinion of PRIVACY PRACTICES, WHICH DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. WE HAVE ALSO MADE AVAILABLE TO YOU A FULL VERSION OF THE NOTICE.

I Pledge to Protect your Privacy: Phillips Mental Health Counseling, P.C. Lynda Phillips, LCMHC, NCC. New York License 007554-1 is committed to protecting the privacy of your medical information. I share your clinical/medical information with health care providers involved in your care, only to the extent necessary. The use and exchange of information to conduct the business functions, to collect payment for services we provide and to comply with the laws that govern healthcare. We will not use or disclose your information for any other purpose without your permission.

You have the following rights to access and control your health information: To inspect, and receive a copy of your medical and billing records, subject to certain requirements for substance and alcohol abuse, genetic, mental health and HIV-related data. To request restrictions on certain uses or disclosures of your medical information. To request an accounting of disclosures of your health information. To add an addendum to your health record. To request that we communicate with you in a certain way or at a different location. To receive a copy of the full version of our Notice of Privacy Practices.

Examples of how I may use and disclose your health information: (See Notice pp. 6-10) To provide you with treatment and services. To bill and receive payment for the treatment and services you receive. Functions necessary to run the office and to assure that our clients receive quality care. To support the research mission as an academic and clinical professional practitioner. For required public health activities (e.g., reporting abuse or adverse reactions to medications). For healthcare oversight (e.g., to the New York State Department of Health). For law enforcement in certain limited circumstances;

For further information about the full Notice, contact.

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NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Introduction

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.

Lynda Phillips, Licensed clinical mental health counselor in the State of New York, License no:007554-1.(for purposes of this notice) is required by law to protect the privacy of health information that may reveal your identity. I am also required to provide you with a copy of this notice which describes the health information privacy practices of its clinical staff, and affiliated health care providers that jointly provide health care services to my practice, and to follow the terms of the notice that is currently in effect. A copy of the current notice is posted on my website and in my office. If you have any questions about this notice or would like further information, please contact me.

PARTICIPANTS

Provided health care to clients/patients with physicians and health care professionals, organizations. Health will follow the privacy practices in this notice care professional who treats you at any of the locations; Including employees, trainees, or volunteers at any of the locations; Business associates of the institution (which are described further below) The practices will be followed at all sites:

I will share protected health informationr as necessary to carry out the treatment, payment, and healthcare operations described in this notice.

IMPORTANT SUMMARY INFORMATION

What Health Information is Protected. I am committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are: information indicating that you are a client of or receiving treatment or other health-related services from Phillips Mental Health Counseling, P.C. Information about your mental health condition; information about mental health services you have received or may receive in the future ; or information about your health care benefits under an insurance plan; when combined with: demographic information (such as your name, address, or insurance status); unique numbers that may identify you (such as your social security number, your phone number or your driver's license number); and other types of information that may identify who you are.

Personal Representatives. If a person has the authority under law to make decisions for you about Mental Healthcare ("personal representative"), I will treat your representative the same way I would treat you with respect to your PHI. Parents and guardians will generally be personal representatives of minors unless the minors are permitted by law to act on their behalf.

The Requirement for Written Authorization . We will obtain your written authorization before using your health information or sharing it with others other than myself, except as described below. You may also initiate the transfer of your records to another person by completing a written authorization form. If you provide me with written authorization, you may revoke that written authorization at any time,

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except to the extent that I have already relied upon it. To revoke a written authorization, please write to: Lynda Phillips, at the address listed in my website, or call 917-692-1459 for further directions.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information. Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. Notices explaining how these categories of information will be protected are attached as Attachments A-D.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights regarding your medical information:

Right To Inspect and Copy Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes clinical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to: Lynda@Phillipsmentalhealthcounselingpc.com or call 917-692-1459

If you request a copy of the information, I may charge a fee, as permitted by law, for the costs of copying, mailing or other supplies I use to fulfill your request. The fee must be paid before or at the time I give the copies to you.

I will respond to your request for inspection of records within ten days. I ordinarily will respond to requests for copies within thirty days. If I need additional time to respond to a request for copies, I will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, I may deny your request to inspect or obtain a copy of your information. If I do, I will provide you with a summary of the information instead. I will also give a written statement that explains the reasons for providing only a summary and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with myself or with the Secretary of the Department of Health and Human Services. If I have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information I may not let you inspect or copy.

Right To Amend Records

In the event you have noticed that your health information is incorrect or missing information, please ask me to change it. You have the right to request an amendment for as long as the information is kept in my records. To apply for an amendment, please write to Lynda@Phillipsmentalhealthcounselingpc.com or call 917-692-1459.

Your request should include the reasons why you think we should make the amendment. Ordinarily, I will respond to your request within 30 days. If we need additional time to respond, we will notify you in

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writing within 30 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with myself or the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

Your Right To an Accounting of Disclosures

After April 14, 2003, you do have the right to request an “accounting of disclosures” this is a list of information about how this office has shared your information with others outside of this office. An accounting list will not include:

- Disclosures I make to you or your personal representative;
- Disclosures I make pursuant to your written authorization;
- Disclosures I made for treatment, payment or business operations;
- Disclosures that were incidental to permissible uses and disclosures of
- Disclosures for purposes of research, public health or our business operations of limited portions of your health **information that do not directly identify you**;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made before April 14, 2003.

To request this list, please write to Lynda Phillips, at the
Lynda@Phillipsmentalhealthcounselingpc.com or Call 917-692-1459

Your request must state a period within the past six years for the disclosures you want me to include. You will be able to receive one list within every 12 months for free. However, I may charge you for the cost of providing any additional lists in that same 12 month period. I will notify you of any price so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily, I will respond to your request for an accounting within thirty days. If I need additional time to prepare the accounting list you have requested, I will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, I may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has directed me to do so.

Right To Request Additional Privacy Protections

Please note that you have the right to ask that I modify the way I use/disclose your personal health information for the means of treating you. Including the collection of the fees for treatment, or the operation of my business. You may also request that I limit how we disclose information about you to family or friends involved in your care. To request restrictions, please write to email:

Lynda@Phillipsmentalhealthcounselingpc.com or call 917-692-1459

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Your request should include (1) what information you want to limit; (2) whether you want to limit how I use the information, how it is shared with others, or both; and (3) to whom you want the limits to apply.

I am not required to agree to your request for a restriction, and in some cases, the request may not be permitted under law. However, if I do agree, I will be bound by our agreement except in the event the information is required to provide you with emergency treatment or to comply with the law. When we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, I will also have the right to revoke the restriction as long as I notify you before doing so; in other cases, I will need your permission before I may cancel the restriction.

Right To Request Confidential Communications

You have the right to ask for communications to be done more confidentially by requesting that I communicate with you by alternative means or at different locations. For example, you may ask that I contact you at home instead of at work. To request more confidential communications, please write to Lynda@Phillipsmentalhealthcounselingpc.com or call 917-692-1459

I will not ask you the reason for your application. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

How to Obtain a Copy of Revised Notice: I may change our privacy practices from time to time. If I do, I will modify this notice so that you will have an accurate summary of my practices. The revised notice will apply to all of your health information. I will post any revised notice in my office area. You will also be able to obtain a copy of the revised notice by accessing my website:

www.Phillipsmentalhealthcounselingpc.com or calling my office at 917-692-1459

Or you may ask for one at your next visit. The effective date of the notice is noted in the top right corner of the first page. I am obligated to abide by the terms of the notice that is currently in effect. To file a complaint, please email: Lynda@Phillipsmentalhealthcounselingpc.com or

4 Broad Path, Lloyd Neck, NY 11743

No one will retaliate or take action against you for filing a complaint.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment: I may share your health information with health care providers who participate in your care, and may, in turn, use the information to diagnose or treat you. A health provider may share your health information with another health care provider for your diagnosis and treatment.

Payment: I may use health information or share it with others so that I may obtain payment for your health care services. For example, I may exchange information about you with your health insurance company to get reimbursement after I have treated you, or to determine whether it will cover your treatment. I might also need to inform your health insurance company about your health condition to

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obtain pre-approval for your treatment. Finally, I may share your information with other health care providers, payers and their business associates for their payment activities.

Treatment is when I provide, coordinate, or manage your health care. For example, with your written authorization I may provide your information to your physician, to ensure the physician has the necessary information to diagnose or treat you.

In the course of providing treatment to you, I may use your health information to contact you with a reminder that you have an appointment. I may also use your medical information to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Health care operations are activities that are needed for the functioning of this practice. I could use or disclose, as needed, your protected health information in support of business activities. Example, I may need to discuss what the employee has documented in your record.

Business Associates. I may disclose your health information to contractors, agents and other business associates who need the information to assist me with obtaining payment or carrying out business operations. For example, I may share your health information with a billing company that helps me to obtain payment from your insurance company. Another example is that I may share your health information with an insurance company so you can get reimbursed by your insurance company. If I do need to disclose your health information to a business associate, I will have a written contract to ensure that our business associate also protects the privacy of your health information.

As Required By Law, I may use or disclose your health information if I am required by law to do so. I also will notify you of these uses and disclosures if the law requires notice.

The American Psychological Association, the National board for certified counselors, and the American Counselors Association ethical code of conduct, and New York State Law and the Federal HIPPA regulations, **protect the privacy of all communications between a client and mental health professional. I can only release information about your treatment to others if you sign a written authorization. There are a few disclosures that do not require your approval.**

I may use or disclose your personal health information in the following circumstances.

- Child Abuse – If I have reasonable cause to believe a child is being abused or neglected, I must report this belief to the appropriate authorities.
- Adult and Domestic Abuse – If I have reason to believe that an elderly or disabled person who is protected by State Law has been abused, neglected, or financially exploited, I must report this belief to the appropriate authorities.
- Health Oversight Activities – Disclosure of your personal health information to a health oversight agency for oversight activities that are authorized by Law, including licensure or disciplinary actions. If a client files a complaint or a lawsuit against me, I may disclose relevant information regarding that patient to defend myself in a court of law or with an ethics board.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and information is requested from a party about your treatment and your clinical records, this information is **privileged under state law, and may only be released with a court order. Any**

other information regarding psychological services is also privileged, and cannot be released without a court order or your written authorization. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You should be warned if this was the case.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

- The critical imminent threat to health or safety – If you communicate to me a specific threat of imminent harm against another person, or I believe there is a clear, imminent risk of injury being inflicted on another person, I may make disclosures that I believe are necessary to protect that individual from harm. I may use your health information or share it with others when necessary to prevent a grave and imminent threat to your health or safety or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat.
- Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

In a hospital setting.

Completely De-identified or Partially De-identified Information.

The hospital may use and disclose your health information if the hospital have removed any information that has the potential to identify you so that the health information is "completely de-identified." The hospital may also use and disclose "partially de-identified" health information about you for research, public health, and specific healthcare operations if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will exclude all direct identifiers but may include zip code, dates of birth, admission, and discharge.

Incidental Disclosures

Reasonable steps to safeguard the privacy of your health information will be taken, however, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

Attachment A

CONFIDENTIALITY OF HIV-RELATED INFORMATION

Confidential HIV-related information is any information indicating that you had an HIV-related test, have HIV-related illness or AIDS, or have an HIV-related infection, as well as any information which could reasonably identify you as a person who has had a test or has HIV infection.

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Under New York State law, confidential HIV-related information may only be given to persons allowed to have it by law, or persons you have authorized to have it by signing a written authorization form.

Disclosures

I will obtain your written authorization; • The disclosure is to a person who is authorized to make health care decisions on your behalf and the information disclosed is needed by that person to make his/her decisions; • The disclosure is to another health care provider or payer for treatment or payment purposes. Violation of these privacy regulations may subject the institution to civil or criminal penalties. Suspected violations may be reported to authorize, competent authorities by Federal and State law. To file a complaint mail completed form DOH-2865 (Complaint Report for Alleged Violation of Article 27-F) to:

NYS Department of Health/AIDS Institute/Special Investigation Unit 5 Penn Plaza New York, New York 1000

Effective Date: April 14, 2003

Take the time to review the Privacy Practices for information about how your health information may be used and disclosed. The Privacy Practices provides information about how you may obtain access to your health information, including alcohol and substance abuse treatment records.

CONFIDENTIALITY OF ALCOHOL AND SUBSTANCE ABUSE TREATMENT INFORMATION

Confidential alcohol and substance abuse treatment records include any information that identifies you as having been diagnosed with, treated for or referred for treatment of alcohol abuse, substance abuse or chemical dependency.

Certain legal protections apply to information related to alcohol and drug use treatment.

I will obtain written authorization from you before any information is released related to alcohol and drug use or treatment. You do have the right to revoke the authorization of personal health information, psychotherapy notes, HIV information, and alcohol and drug use information at any time, as long as the revocation is in writing and is signed by you and a witness. The authorization may not be revoked if I have already relied on that authorization or if the approval was obtained to receive insurance coverage. The law allows the insurer to contest the claim under the policy.

Information about you may be used by personnel within the practice in connection with their duties to provide you with a diagnosis of, treatment for or referral for treatment of alcohol or substance abuse. The information will be limited to the minimum amount of information needed.

In a hospital setting:

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- Your written authorization is obtained;
- The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations;
- The disclosure made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, the medical staff will obtain an agreement from the researcher to protect the privacy and confidentiality

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of your information; • The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or business operations (such as bill collection). The qualified service organization's agreement in writing will be obtained to protect the privacy and confidentiality of your information by Federal and State law;

- The disclosure is made to a government agency or other qualified nongovernment personnel to perform an audit or evaluation of the office. The office will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to report a crime committed by a patient either at a hospital or against any person who works for the hospital or about any threat to commit such a crime;
- or • The disclosure is made to report child abuse or neglect to appropriate State or Local authorities.

Violation of these privacy regulations is a crime. Suspected violations may be reported to appropriate authorities by Federal and State law.

ATTACHMENT C

CONFIDENTIALITY OF MENTAL HEALTH INFORMATION:

MENTAL HEALTH INFORMATION AND PSYCHOTHERAPY NOTES

Effective Date: April 14, 2003

The privacy and confidentiality of mental health information and psychotherapy notes maintained by the office of Lynda Phillips, LCMHC, is protected by Federal and State law and regulations. These protections go above and beyond the protections described in the Notice of Privacy Practices. If you have questions about this notice or would like further information, please contact my office.

CONFIDENTIALITY OF MENTAL HEALTH INFORMATION

Mental health information about you may be used by personnel within the office of Lynda Phillips, (or its Business Associates) in connection with their duties to provide you with treatment, obtain payment for that treatment, or conduct Lynda Phillips practice of business operations. In general, this office may not reveal mental health information about you to other persons outside of this office except in the following situations:

- When I have obtained your written authorization;
- To a personal representative who is authorized to make health care decisions on your behalf;
- To government agencies or private insurance companies in order to obtain payment for services we provided to you;
- To comply with a court order;
- To appropriate persons who are able to avert a serious and imminent threat to the health or safety of you or another person;

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To appropriate government authorities to locate a missing person or conduct a criminal investigation as permitted under Federal and State confidentiality laws;- To other licensed hospital emergency services

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as permitted under Federal and State confidentiality laws; • To the mental hygiene legal service offered by the State; • To attorneys representing patients in an involuntary hospitalization proceeding; • To authorized government officials for the purpose of monitoring or evaluating the quality of care provided by the hospital or its staff; • To qualified researchers without your specific authorization when such research poses minimal risk to your privacy; • To coroners and medical examiners to determine cause of death; and • If you are an inmate, to a correctional facility which certifies that the information is necessary in order to provide you with health care, or in order to protect the health or safety of you or any other persons at the correctional facility.

CONFIDENTIALITY OF PSYCHOTHERAPY NOTES

Psychotherapy notes are notes by a mental health professional that document a conversation during a private counseling session – or during a group, or family counseling session. The therapist's notes are maintained separately from the rest of your personal health records. Psychotherapy notes are given more protection than your health records under the ethics code and the law. In general; Psychotherapy notes may not be used or disclosed without your written authorization, except in the following circumstances.

- The mental health professional who created the notes may use them to provide you with further treatment;
- The mental health professional who created the notes may disclose them to students, trainees, or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- The mental health professional who created the notes may disclose them as necessary to defend him or herself, in a legal proceeding initiated by you or your personal representative;
- The mental health professional who created the notes may disclose them as required by law;
- The mental health professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- The mental health professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance with Federal privacy and confidentiality laws and regulations; and
- The mental health professional that created the notes may disclose them to medical examiners and coroners if necessary to determine the cause of death. MR-250 (Rev 5/04) 18 •

All other uses and disclosures of psychotherapy notes require your written authorization.

Resources

APA: More protections for patients and psychologists under HIPAA. (n.d.). Retrieved from <http://www.apa.org/monitor/feb03/hipaa.aspx>

APA: SUMMARY - NOTICE OF PRIVACY PRACTICES. (n.d.). Retrieved from http://www.mountsinai.org/static_files/MSH/Files/Patient%20&%20Visitor%20Inf

SUMMARY - NOTICE OF PRIVACY PRACTICES. (n.d.). Retrieved from https://icahn.mssm.edu/static_files/MSSM/Files/About%20Us/Faculty/HIPAA/nopp.pdf

End of notice of privacy practices.