

**Notice of Natural Mind Counseling, LLC. Policies and Practices
to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE CONFORMS TO FEDERAL REGULATIONS (HIPAA). PLEASE REVIEW IT CAREFULLY.

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

Natural Mind Counseling, LLC (NMC) may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with 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 NMC provides, coordinates or manage your health care and other services related to your health care. An example of treatment would be when NMC consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when NMC obtains reimbursement for your healthcare. Examples of payment are when NMC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of NMC Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within NMC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of NMC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

NMC may use or disclose PHI for purposes outside of treatment, payment, or 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 NMC is asked for information for purposes outside of treatment, payment or health care operations, NMC will obtain an authorization from you before releasing this information. NMC will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes a licensed behavioral health professional (psychologist, social worker, professional counselor, substance abuse counselor, marriage and family therapist) employed by NMC have made during a private, group, joint, or family counseling session, which NMC has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) NMC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse* – Licensed behavioral health professionals are required to report PHI to the appropriate authorities when we have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
- *Adult and Domestic Abuse* – If a licensed behavioral health professional has the responsibility for the care of an incapacitated or vulnerable adult, the professional is required to disclose when he/she has a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred.
- *Health Oversight Activities* – If the Arizona Board of Psychological Examiners or the Arizona Board of Behavioral Health Examiners is conducting an investigation, then licensed behavioral health professionals are required to disclose PHI upon receipt of a subpoena from the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services NMC provided you and/or the records thereof, such information is privileged under state law, and NMC will not release information without the written authorization of you or your 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 you communicate to a licensed behavioral health professional an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and the professional believes you have the intent and ability to carry out such a threat, the professional has a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If the professional believes there is an imminent risk that you will inflict serious harm on yourself, the professional may disclose information in order to protect you.
- *Worker's Compensation* – NMC may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and the Duties of Licensed Behavioral Health Professionals

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, licensed behavioral health professionals are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving treatment from NMC. On your request, NMC will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in mental health and billing records maintained by Natural Mind Counseling, LLC used to make decisions about you for as long as the PHI is maintained in the record. A licensed behavioral health professional may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, a licensed behavioral health professional will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. A licensed behavioral health professional may deny your request. On your request, a licensed behavioral health professional will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, a licensed behavioral health professional will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from NMC upon request, even if you have agreed to receive the notice electronically.

Provider’s Duties:

- Licensed behavioral health professionals are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- NMC reserves the right to change the privacy policies and practices described in this notice. Unless NMC notifies you of such changes, however, we are required to abide by the terms currently in effect.
- If NMC revises its policies and procedures, you will be given a copy of those changes at your next visit.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision an employee of NMC makes about access to your records, or have other concerns about your privacy rights, you may contact Rachel Broome, LPC, at 520-261-3083. If you believe that your privacy rights have been violated and wish to file a complaint with NMC, you may send your written complaint to our office. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. NMC and its employees will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice is in effect July 24, 2022. NMC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that NMC maintains. If revised, NMC will provide you with a revised notice at your next visit.

This is a supervised private practice. It is owned and/or managed by a master's level, non-independent licensee under Board-approved clinical supervision pursuant to A.A.C. R4-6-211. The Board-approved clinical supervisor of this practice is:

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Phone Number: 520-518-3262

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