Counseling With Carolyn, LLC (CWC)
Notice of Privacy Practices

As Required by Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A CLIENT OF CWC) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

PLEASE REVIEW IT CAREFULLY.

A. CWC COMMITMENT TO YOUR PRIVACY

Counseling With Carolyn, LLC, (CWC) is dedicated to maintaining the privacy of Protected Health Information (PHI). In conducting business, CWC will create records regarding you, the treatment, and services this practice provides to you. CWC is required by law to maintain the confidentiality of health information that identifies you and to provide you with this notice of legal duties and the privacy practices that CWC maintain in practice concerning your PHI. By federal and state law, CWC must follow the terms of this notice of privacy practices that are in effect at the time.

CWC realize that these laws are complicated, but must provide you with the following important information:

- How CWC may use (within the practice) and disclose (outside the practice) your PHI
- Your privacy rights in your PHI
- CWC obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by CWC. *Counseling With Carolyn, LLC* reserves the right to change this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all your records that this practice has created or maintained in the past, and for any of your records that CWC may create or maintain in the future. You may request a copy of CWC most current Notice at any time.

B. *COUNSELING WITH CAROLYN, LLC* MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which this practice may use and disclose your PHI.

1. Client. CWC may disclose PHI to the client who is the subject of the information; may obtain informal permission from the client for notification and other purposes; may contact the client to provide appointment reminders.

2. Treatment. CWC may use your health information to coordinate care with others involved in your care, such as your attending physician and other health care professionals, family members, and others who have agreed to assist CWC in coordinating care.

3. Payment. CWC may use your PHI to obtain and secure payment or reimbursement for services rendered. HoCWCver, for the purpose of payment, *Counseling With Carolyn, LLC* will not release your medical records or conditions without prior written authorization. For example, CWC may send invoice statements to the address that you have given or secure

payment from a third-party payer, but will not be able to submit claims with medical conditions to insurance companies without a separate prior written authorization.

4. Health Care Operations. CWC may use and disclose health information for its own operations to facilitate the function of the practice and as necessary to provide quality care to all the clients within the practice. Health care operations includes services such as: Quality assessment and improvement activities (case reviews); protocol development, case management and care coordination; contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment; professional review and performance evaluation and accreditation, certification, licensing or credentialing activities; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; business planning and development including cost management and planning related analyses and formulary development; business management and general administrative activities of the Practice.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which CWC is permitted to use or disclose your PHI.

1. Required by Law. CWC will use and disclose your PHI when required to do so by federal, state, or local law.

2. Public Health Activities. CWC may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury, or disability
- notifying a person regarding potential exposure to a communicable disease or regarding a potential risk for spreading or contracting a disease or condition

3. Victims of Abuse, Neglect or Domestic Violence. Any person in CWC who knows or has reasonable cause to suspect child abuse, abandonment or neglect by a parent, legal guardian, or other person responsible for the child's CWClfare, is required by law to report such knowledge or suspicion to the appropriate authorities. The law also requires any person in CWC who knows or has reasonable cause to suspect the abuse, neglect, or exploitation of vulnerable adults to immediately report such knowledge to the appropriate authorities.

4. Health Oversight Activities. CWC may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. CWC, hoCWCver, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

5. Lawsuits and Similar Proceedings. CWC may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding and may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if CWC have made an effort to inform you of the request or to obtain a Court Order protecting the information the party has requested.

6. Law Enforcement. CWC may release PHI if asked to do so by a law enforcement official:

- Regarding a victim or suspected victim of a crime.
- Concerning a death CWC believe has resulted from criminal conduct.
- Regarding criminal conduct at CWC office.
- In response to a warrant, summons, court order, subpoena, or similar legal process.
- To identify or locate a suspect, material witness, fugitive, or missing person.
- In an emergency or to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator).

7. Deceased Patients. CWC may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.

8. Research. CWC may use and disclose your PHI for research purposes in certain limited circumstances. CWC will obtain your written authorization to use your PHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization is justified.

9. Serious Threats to Health or Safety. CWC may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, CWC will only make disclosures to the extent necessary to warn any potential victim or communicate the threat to the appropriate law enforcement agency.

10. National Security and Military. CWC may disclose your PHI to federal officials for intelligence and national security activities authorized by law and may also disclose your PHI to federal officials to protect the President, other officials, or foreign heads of state, or to conduct investigations. CWC may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

11. Inmates. CWC may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety, or the health and safety of other individuals.

12. Workers' Compensation. CWC may release your PHI for workers' compensation and similar programs.

D. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that CWC maintains about you:

1. Confidential Communication. You have the right to request that CWC communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request to *Counseling With Carolyn, LLC*, Carolyn Harris, LMHC, and send to info@counselingwithcarolyn.com specifying the requested method of contact, or the location where you wish to be contacted. CWC will accommodate **reasonable** requests.

2. Requesting Restrictions. You have the right to request a restriction in CWC use or disclosure of your PHI for treatment and health care operations. Additionally, you have the right to request that CWC restrict CWC disclosure of your PHI to only certain individuals involved in your care, such as family members and friends **CWC is not required to agree to your request;** hoCWCver, if CWC do agree, CWC is bound by said agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in CWC use or disclosure of your PHI, you must make your request in writing to *Counseling With Carolyn LLC*, Carolyn Harris, LMHC, and send to info@counselingwithcarolyn.com, Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit CWC's use, disclosure or both; and (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including client medical records and billing records, but not including psychotherapy or counseling notes. You must submit your request in writing to *Counseling With Carolyn, LLC*, Carolyn Harris, LMHC, and send to email at info@counselingwithcarolyn.com, in order to inspect and/or obtain a copy of your PHI. CWC will charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. CWC may deny your request to inspect and/or copy in certain limited circumstances; hoCWCver, you may request a review or our denial.

4. Amendment. You may ask CWC to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for CWC. To request an amendment, your request must be made in writing. Your request may be denied if you ask CWC to amend information that is in CWC opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by CWC, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. You or your representative has the right to request an accounting of disclosures of your health information made by CWC for any reason other than for treatment, payment, or health operations. The request for an accounting must be made in writing. Submit your request in writing to *Counseling With Carolyn, LLC*, Carolyn Harris, LMHC, All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before January 1,2019.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of Counseling with Carolyn, LLC Carolyn Harris, LMHC notice of privacy practices. You may ask CWC to give you a copy of this notice at any time.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with CWC or with the U.S. Department of Health and Human Service's Office of Civil Rights (OCR). To file a complaint with CWC, contact *Counseling With Carolyn, LLC*, Carolyn Harris, LMHC, and send to info@counselingwithcarolyn.com. **All complaints must be submitted in writing. You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. CWC will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to CWC regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, CWC will no longer use or disclose your PHI for the reasons described in the authorization. Please note CWC is required to retain records of your care.

Effective Date: Jan 3, 2025