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## **NOTICE OF PRIVACY PRACTICES & HIPAA & RECIPIENT RIGHTS**

EFFECTIVE DATE: 01/09/2023

A federal act called the Health Insurance Portability and Accountability Act (HIPAA) gives you some additional rights to what you have through state laws. This notice gives you information on these additional rights through HIPAA. Please review all sections carefully.

1. Your medical/mental health records are used to provide treatment, bill and receive payments, and conduct mental health care operations. Examples of these activities include but are not limited to review of treatment records to ensure appropriate treatment plan/goals, electronic or mail delivery of billing for treatment for you or other authorized payors, appointment reminders, and records review to ensure completeness and quality of care. The use and disclosure of medical records is limited to the internal use outlined above except required by law or authorized by the patient or legal subpoenas.
2. Federal and State laws require abuse, neglect, and threats to be reported to social services or other protective agencies. If such reports are made, they will be disclosed to you or your legal representative unless disclosure increases risk of further injury. Disclosed information will be limited to only essential parties.
3. You or your legal representative may request your records to be disclosed to yourself only. Freedom Counseling will not disclose your records to any other party unless requested by legal entities. Your request must be made in writing, you must specify the information (along with specific dates) that you want disclosed, and the purpose for which information is needed. Any authorization provided in writing may be revoked in writing at any time. Psychotherapy notes are part of your medical records. We have 30 days to respond to a disclosure request.
4. You may request corrections to your records.
5. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person, requested information references other persons, except another healthcare provider, or if released to a legal representative would likely result in harm.
6. If a request for disclosure is denied for reasons outlined in Section 5, you or your legal representative may request review of the denial. A review will likely be conducted by another licensed healthcare provider appointed by the original reviewer, who was not involved in the original decision to deny access. A review will be conducted within 30 days.
7. You may request that we restrict uses and disclosures outlined in section 1. However, we are not required to agree to the restrictions. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or your legal representative orally or in writing except when disclosure is required by law or in an emergency. We may also revoke such restrictions, but information gathered while required by law or in an emergency. We may also revoke such restrictions, but

information gathered while the restriction was in place will remain by such an agreement.

8. If you wish to complain about privacy related issues you may contact: Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington DC, 20201. In any case there will not be any retaliation against you or our legal representative for filing a complaint.
9. This agreement may be modified or amended as required by law or during healthcare operations.