

# Notice of Privacy Practices

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Clear Mind Counseling

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## Notice of Privacy Practices

**Effective Date:** December 1, 2023

This Notice describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully.

### My Commitment to Your Privacy

Your privacy is very important to me. I create and maintain a record of the care and services you receive in this practice to provide quality treatment and meet legal requirements. This Notice explains how I may use and share your health information, your rights regarding that information, and my responsibilities under federal and state law.

By law, I am required to:

- Keep your protected health information (PHI) private.
- Provide you with this Notice describing my legal duties and privacy practices.
- Follow the terms of the current Notice.

I may change the terms of this Notice at any time. The updated Notice will apply to all records I maintain and will be available in my office and on my website.

### How I May Use and Share Your Information

#### For Treatment, Payment, and Health Care Operations

I may use or disclose your PHI for treatment, billing/payment, and healthcare operations without your written authorization. Examples include:

- Consulting with another licensed provider about your care.
- Submitting claims to your insurance company.
- Reviewing services to maintain quality care.

Disclosures for treatment are not limited to the "minimum necessary" standard, since providers often need complete information to ensure quality care.

### Legal Proceedings

If you are involved in a lawsuit or legal proceeding, I may disclose PHI in response to a court or administrative order. I may also respond to a subpoena or discovery request if efforts have been made to notify you or obtain a protective order.

### Uses and Disclosures Requiring Your Authorization

Certain uses and disclosures of your PHI require your written permission:

- **Psychotherapy Notes:** These are kept separately from your clinical record. They cannot be disclosed without your written authorization, except in limited circumstances such as use in your treatment, legal defense, training/supervision, or as required by law.
- **Marketing:** I will not use or disclose your PHI for marketing purposes.
- **Sale of PHI:** I will not sell your PHI.

## Uses and Disclosures That Do Not Require Authorization

In some cases, I may disclose your PHI without your authorization, as permitted or required by law. Examples include:

- When required by state or federal law.
- Reporting suspected abuse or neglect of children, elders, or dependent adults.
- Preventing or reducing a serious threat to health or safety.
- Health oversight activities such as audits or investigations.
- Responding to a court order or law enforcement request.
- To medical examiners or coroners performing authorized duties.
- Workers' compensation claims.
- Appointment reminders, treatment alternatives, or health-related services.

## Disclosures Requiring an Opportunity to Object

I may share PHI with family members, friends, or others involved in your care or payment for your care, unless you object. In emergencies, I may disclose information if you are unable to agree or object, but you will be given an opportunity to do so later.

## Your Rights Regarding Your Health Information

You have the right to:

- **Request Restrictions:** Ask me not to use or disclose your PHI for treatment, payment, or operations. I am not required to agree to all requests.
- **Restrict Insurance Disclosures:** Request that your PHI not be shared with your health plan if you pay out-of-pocket in full for a service.
- **Request Confidential Communications:** Ask me to contact you in a specific way (e.g., by mail or phone). I will honor all reasonable requests.
- **Access Your Record:** Obtain a paper or electronic copy of your health information (excluding psychotherapy notes) within 30 days of a written request. A reasonable, cost-based fee may apply.
- **Request an Amendment:** Ask to correct or add to your health information. If I deny your request, I will explain why in writing within 60 days.
- **Receive a List of Disclosures:** Request an accounting of disclosures made in the past six years, except for those related to treatment, payment, or operations. The first list each year is free; additional lists may have a fee.
- **Receive a Copy of This Notice:** Request a paper or electronic copy of this Notice at any time.

## Acknowledgment of Receipt

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have specific rights regarding the use and disclosure of your protected health information. By signing the acknowledgement form, you confirm that you have received a copy of this Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.