

Inglewood Therapy

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Information is Confidential

As a rule, we will disclose no information about you, or the fact that you are our client, without your written consent. Formal mental health records describe the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. We will require your permission in advance, either through your consent at the onset of our relationship, or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting us. Further information on Uses and Disclosures are contained in this notice.

Please note that HIPAA defines the medical record as defined above. We keep separate notes known as “psychotherapy notes” that are not part of the formal medical record. Psychotherapy Notes are kept separate from your medical record and may not be accessible to insurance companies, third-party reviewers, and in some cases, not to the client themselves. These notes are given a greater degree of protection than your health information in your medical record.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- **Ask us to correct your medical record**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

- **Ask us to limit what we use or share**

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

- **Get a list of those with whom we’ve shared information**

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- **Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

- **File a complaint if you feel your rights are violated**

You can complain if you feel we have violated your rights by contacting us.

OR

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. Written authorization is required in most instances unless there is an emergency situation.

In these cases, with written authorization, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Revoke any previous written authorizations (you must do this in writing).

Our Uses and Disclosures

How do we typically use or share your health information? Some ways we share your health information requires written authorization from you; other ways in which we share your health information does not require consent or authorization.

Uses and Disclosures Requiring Authorization

Treat you

Tennessee requires that we obtain consent to treat you and authorizations to share information about your care to conduct health care operations. When you sign a consent for treatment this provides the authorization to:

- **Run our organization** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services** We can use and share your health information to bill and get payment from health plans or other entities.

Share information with others

A separate written authorization is required in order to share information with other professionals involved in your treatment, friends or family members, requested legal proceedings, and other organizations (except as described in next section; *Uses and Disclosures Not Requiring Authorization*).

Uses and Disclosures NOT Requiring Authorization

We are allowed or required to share your information in the following circumstances (without authorization):

Child Abuse and/or Abuse of an Elderly or Vulnerable Adult

If we have reasonable cause to believe or suspect abuse, neglect, exploitation or abandonment of a child (children), an elderly person or a vulnerable adult, we are required by Tennessee law to report this to authorities.

Serious Threat to Self or Others

If you express a serious threat to your self or express an intent to kill or seriously injure an identified person, we must take reasonable measures to prevent harm. This may include contacting a potential victim of the threat or involving others to make sure you are safe.

In Case of Emergency

If you are involved in in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation and other government requests

We can use or share health information about you:

- For workers' compensation claims: If you file worker's compensation claims, we will be required to periodic reports that shall include history, diagnosis, treatment and prognosis.

-With health oversight agencies for activities authorized by law

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena. These records will not be released without a court order.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

The rights and information provided in this notice apply to:

- Persons 18 years old or older and emancipated minors, regarding their own health information;
 - Persons 16 years old or older who have mental illness or serious emotional disturbance, regarding their own mental health information;
 - Persons who have the legal authority to make health care decisions for another individual, regarding the health information of the individual.
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Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

Effective date of notice: 8/15/18

Questions? Contact:

Cathy Nugent 615-540-4169 (Privacy Officer at Inglewood Therapy)

OR

The Department of Health & Human Services 877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints/