

Health Insurance Portability Accountability Act (HIPAA) Client Rights & Therapist Duties

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your protected Health Information (PHI) used for the purpose of treatment, payment, and healthcare operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your PHI in greater detail.

Legacy Counseling Services, LLC is committed to protecting your privacy. To better protect your privacy we provide this notice explaining our online information practices. To make this notice easy to find, I make it available on our website.

WEBSITE DATA PRIVACY AND USE

INFORMATION COLLECTION AND USE

We collect information about visitors to our Site so that I can provide an experience that is responsive to our users' and customers' needs. We do not collect medical information or credit card information through our Site. Our Site may use forms in which you give us contact information (including your name, address, telephone number, and email address) so you can request information or support. We receive and store any information you enter on our Site, or give us in any other way, including through email, telephone, or other communications within our customer services department. You do not need to give us any personal information in order to use our Site.

We will not sell, share, trade or otherwise use any information you provide unless you expressly provide in writing permission for such use. We collect this information to improve our service, and to help us determine your individual needs so we may serve you better individually, as well as collectively.

We will not sell, share, trade or otherwise use any medical information under any circumstances. If you require medical information, you must request it from us directly via a Medical Release form. We may also collect non-personally identifiable information about you, such as your use of our web sites, communication preferences, aggregated data relative to your Services, and responses to promotional offers and surveys. We may use or disclose aggregate information only where no individual is identified for a number of purposes, including: (a) Compiling aggregate statistics of usage for improving the web site; (b) Developing, maintaining and administering the web site; and (c) Following up on comments and other messages that you submit to us through the web site.

Please note, to better safeguard your information, please do not include any credit card information in your electronic communication unless it is specifically required by us as part of Services or transaction fulfillment process sites, or our customer contact process. This Site and our Services may contain links to other websites. Unfortunately, we are not responsible for the privacy practices or the content of such sites.

SECURITY

This Site has security measures in place to protect against the loss, misuse or alteration of the information under our control. If our site allows you to enter sensitive information (such as a credit card number) on order forms, we encrypt the transmission of that information using secure socket layer technology (SSL).

We may also at times provide information about you to third parties to provide various services on our behalf, such as providers who process credit card payments. We will only share information about you that is necessary for the third party to provide the requested service. These companies are prohibited from retaining, sharing, buying, selling, storing or using your personally identifiable information for any secondary purposes.

We follow generally accepted standards to protect the personal information submitted to us, both during transmission and once we receive it. No method of transmission over the Internet, or method of electronic storage, is one hundred percent (100%) secure, however. Therefore, we cannot guarantee its absolute security.

GOOGLE ANALYTICS AND COOKIES

We may use a tool called “Google Analytics” to collect information about use of this Site, such as how often users visit the Site, what pages they visit when they do so, and what other sites they used prior to coming to this Site. Google Analytics collects only the IP address assigned to you on the date you visit this Site, rather than your name or other identifying information.

Google Analytics plants a permanent cookie on your web browser to identify you as a unique user the next time you visit this Site. This cookie cannot be used by anyone but Google, Inc. The information generated by the cookie will be transmitted to and stored by Google on servers in the United States.

We use the information received from Google Analytics only to improve services on this Site. We do not combine the information collected through the use of Google Analytics with personally identifiable information. Google’s ability to use and share information collected by Google Analytics about your visits to this Site is restricted by the Google Privacy Policy <http://www.google.com/policies/privacy>. You can prevent Google Analytics from recognizing you on return visits to this Site by disabling the Google Analytics cookie on your browser.

COLLECTION AND USE OF PERSONAL INFORMATION OF CHILDREN UNDER AGE 13

We are committed to protecting the online privacy of children. In accordance with the Children’s Online Privacy Protection Act (“COPPA”), we will not knowingly collect any personally identifiable information from children under the age of thirteen (13) without first obtaining parental consent. Prior to providing any personally identifiable information (your name, email address, address, phone number etc.), children under the age of thirteen (13) must have a parent or legal guardian complete and return (by email or regular mail) a Parental Consent Form to

hello@legacycounselingllc.com or
Legacy Counseling Services, LLC
6715 State Park Road
Travelers Rest, South Carolina 29690.

The consent form states that the child’s “Parent” or “Legal Guardian”, by his or her signature, consents to the collection and transfer of the child’s personally identifiable information. Consent may be revoked by completing a “Revocation of Parental Consent Form” and sending it to the email or physical mailing address above. In compliance with COPPA, We are sensitive about children consulting with parents or guardians before furnishing personal information or ordering anything online.

It is also our intention to adhere to the Children’s Advertising Review Unit (CARU) Guidelines on Internet advertising with its special sensitivities regarding solicitations to children under thirteen (13). We encourage parents/guardians to supervise and join their children in exploring cyberspace.

TRANSFER OF DATA ABROAD

If you are visiting this Site from a country other than the country in which our servers are located, your communications with us may result in the transfer of information across international boundaries. By visiting this Site and communicating electronically with us, you consent to such transfers.

COMPLIANCE WITH LAWS AND LAW ENFORCEMENT

We cooperate with government and law enforcement officials and private parties to enforce and comply with the law. We will disclose any information about you to government or law enforcement officials or private parties as we, in our sole discretion, believe necessary or appropriate to respond to claims and legal process (including without limitation subpoenas), to protect our property and rights or the property and rights of a third party, to protect the safety of the public or any person, or to prevent or stop activity we consider to be illegal or unethical. We will also share your information to the extent necessary to comply with ICANN’s rules, regulations and policies.

To the extent we are legally permitted to do so, we will take reasonable steps to notify you in the event that we are required to provide your personal information to third parties as part of legal process.

CLINICAL INFORMATION PRIVACY AND USE

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary. Reasons I may have to release your information without authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the counselor-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.
2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
3. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
4. If a patient files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.
5. I may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:

1. If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the South Carolina Department of Social Services. Once such a report is filed, I may be required to provide additional information.
2. If I know or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited, the law requires that I file a report with the South Carolina Department of Social Services. Once such a report is filed, I may be required to provide additional information.
3. If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

CLIENT RIGHTS AND THERAPIST DUTIES

Use and Disclosure of Protected Health Information:

- **For Treatment** - I use and disclose your health information internally in the course of your treatment. If I wish to provide information outside of my practice for your treatment by another health care provider, I will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.
- **For Payment** - I may use and disclose your health information to obtain payment for services I provide to you as delineated in the Financial Agreement and Practice Policies and Procedures. If you intend to use insurance benefits to pay for any portion of services, I may use and disclose your health information in written and oral communications with your insurance provider to verify benefits, submit claims, and other tasks necessary to obtain reimbursement for services.
- **For Operations** - I may use and disclose your health information within Legacy Counseling Services, LLC as part of our internal operations. For example, this could mean a review of records to assure quality. I may also use your information to tell you about services, educational activities, and programs that I feel might be of interest to you.
- **For Marketing** - Your protected health information will not be used or sold for marketing purposes. You will be notified in advance of any changes to this policy, and given an opportunity to decline having your information used in this manner.

Patient's Rights:

- **Right to Confidentiality** - You have the right to have your health care information protected. 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. I will agree to such unless a law requires us to share that information.
- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am 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.
- **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Requests may be provided via email, standard mail, or in person (see contact information below). Furthermore, there may be fees associated with requests for print copies of records. Please see the Record and Documentation Requests section of the Practice Policies and Procedures form for details. Please make your request well in advance and allow 2 weeks to receive the copies.
- **Right to Amend** - If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must tell us the reasons you want to make these changes, and I will decide if it is and if I refuse to do so, I will tell you why within 60 days.
- **Right to a copy of this notice** - If you received the paperwork electronically, you have a copy in your secure client portal. If you completed this paperwork in the office at your first session a copy will be provided to you per your request or at any time.
- **Right to an Accounting** - You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- **Right to choose someone to act for you** - If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.
- **Right to Choose** - You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.
- **Right to Terminate** - You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you are terminating services.
- **Right to Release Information with Written Consent** - With your written consent, any part of your record can be released to any person or agency you designate. I will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

Therapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice in office during our session. A revised copy of this notice will also be posted on my website.
- I am required to notify you of any breaches that occur regarding your protected health information.
- If you have paid in full out of pocket for services, I am required to comply with your request not to disclose health information to a health plan for treatment.

QUESTIONS OR COMPLAINTS

If you have additional questions about the content of this document, you may contact the practice owner, Leo Newman, at (864) 481-0004, via email at leo@legacycounselingllc.com, or in person or via standard mail at 6715 State Park Road, Travelers Rest, SC 29690.

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me (as noted above), or the South Carolina Department of Labor, Licensing and Regulation (803-896-4652, P.O. Box 11329, Columbia, SC 29211-1329), or the Secretary of the U.S. Department of Health and Human Services (1-800-368-1019).