

Melissa Culver Counseling Services, PLLC

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NOTICE OF PRIVACY PRACTICES REGARDING HEALTH INFORMATION

This notice went into effect on 10/1/2021; updated March 1, 2023

What is individually identifiable information?

This is information created or received by Melissa Culver, LCMHC, LADC, or its contractors or grantees that identifies, or reasonably could identify, an individual who receives services or benefits from Melissa Culver Counseling Services, PLLC. Examples of identifying information include: Name, Social Security Number, Date of birth, Address, Phone number. This information is referred to as protected health information (PHI).

I. Melissa Culver understands that information about you and your health care is personal. I am committed to protecting your health information. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Melissa Culver Counseling Services, PLLC. This notice describes the ways in which I may use and disclose your health information, your rights to this health information, and certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Ensure that protected health information (PHI) that identifies you is kept private.
- Provide this Notice of my legal duties and privacy practices regarding health information.
- Follow the terms of the Notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. I will verbally inform you of any changes and if requested, provide you with a copy of the new Notice.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationships with the patient/client

to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and I shred / destroy them when I deem they are no longer necessary for providing care to you. Any use or disclosure of such notes requires your Authorization, unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.

h. Required to help avert a serious threat to the health and safety of others. This includes averting a serious threat to property.

2. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety, including property.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI to comply with workers' compensation laws.
10. Detecting fraud and abuse.

11. Emergency response and disaster relief.
12. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
13. Coordination of payment for services for individuals and families. Inquiries to health insurance plans regarding benefits for services you are requesting / receiving.
14. Engaging in quality control and improvement activities.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. You have the right to request restrictions on disclosures of your PHI to health plans for payment, or health care operations purposes, if the PHI pertains solely to a health care item or a health care service that you have paid for in full, out-of-pocket.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests. I understand that Melissa Culver may contact me at my home or alternate location phone numbers and leave a message (in-person or voicemail) in order to carry out treatment, payment and healthcare operations. I also consent to receiving mail from Melissa Culver Counseling Services that assists in treatment, payment and healthcare operations.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other

information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable cost-based fee for doing so.

5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

I follow the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA. When applicable, I also follow any federal or state laws that give you greater privacy protections than HIPAA. For example, I follow the federal confidentiality law concerning substance abuse treatment programs, 42 CFR Part 2, and state confidentiality laws concerning mental health records, 18 VSA § 7103.

I will notify you in writing if there is ever a breach of your health information. A breach occurs when someone permissibly sees, uses, or discloses protected health information in a way that compromises the privacy or security of the health information.

As outlined above, there are times when I need your permission to disclose or exchange private information about you (i.e., sharing with people you want included in your care). If you do not give permission in these circumstances, I may not be able to fully provide all services that may be available or requested by you.

Once health information is released by Melissa Culver, the person or organization that receives it may redisclose it. Privacy laws may no longer protect it.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By electronically signing below, you are acknowledging that you have received a copy of this HIPAA Notice of Privacy Practices.

I have read this form, or had this form read and/or explained to me in a language that I understand.

BY ELECTRONICALLY SIGNING BELOW I AM AGREEING THAT I HAVE REVIEWED THE INFORMATION AND HAVE ASKED AND CLARIFIED ANY QUESTIONS I HAVE ABOUT THE INFORMATION WITH MELISSA CULVER, LCMHC, LADC. MY SIGNATURE ACKNOWLEDGES THAT I UNDERSTAND AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.