

Privacy Notice/HIPPA Policy

Under the HIPAA Privacy regulations, Sarah K. Chatfield Counseling, LLC, and all similar healthcare providers are required by federal law to maintain the privacy of your protected health information (“PHI”) and will abide by the terms in this Privacy Notice. Please be advised that Sarah K. Chatfield Counseling may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing care/treatment when you visit our offices. Under federal law, we may disclose your PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist, we will forward your medical information to such specialist. We can disclose your PHI for payment purposes. For example, we may disclose your PHI to your Insurance/ Managed Care Company/ EAP to receive payment or to ask for approval for more sessions or for approval for another type of counseling service. These organizations also may have access to your PHI for quality assurance purposes.

Unless disclosure is required under federal, state, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI in accordance with the specific requirements of the HIPAA rules without Sarah K. Chatfield Counseling needing to obtain your written authorization. The following are exceptions:

1. required by law,
2. required for public health purposes,
3. required disclosure about victims of abuse, neglect, or domestic violence,
4. required by a health oversight agency for oversight activities authorized by law ,
5. required in the course of any judicial or administrative proceedings,
6. required for a law enforcement purpose to a law enforcement official in special circumstances,
7. required by a coroner or medical examiner,
8. required by an organ procurement organization, for research,
9. if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or
10. if we are subjects of a legal suit brought by you.

Additionally, if you are a member of the armed forces, Sarah K. Counseling is permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission.

42 C.F.R. Part 2 The Federal rules prohibits us from making any disclosure of alcohol or drug abuse information unless it is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical records or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug patient.

We may also contact you via mail (satisfaction surveys, letters, etc.) or phone to remind you of appointments with our office or to discuss treatment alternatives. In the event our practice

wishes to disclose your PHI to another entity besides those referenced above, we are required to obtain your authorization. We would seek to obtain your authorization if we desired to release your PHI for reasons other than treatment, payment or for our operations. For example, if we desired to participate in an outside research study, we would need your written authorization prior to being permitted to release your PHI to such an outside research facility. You could revoke that authorization at any time by sending us written notice, and that revocation would be effective for all further disclosures to that facility.

Please be further advised that you have the ability to access, copy, and inspect and amend your medical information that we maintain. This does not include psychotherapy notes. We would require you to submit a request in writing and might charge a fee for copying in some cases. Additionally, if you desire, Sarah K. Chatfield Counseling can provide you with an accounting of all disclosures that we have made of your PHI to third parties, except disclosures for treatment, payment or health care operations and pursuant to authorization.

You have the right to file a complaint if you believe your privacy rights have been violated. You may file such a complaint with our practice or with your Secretary of the Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

Please inquire about any questions you may have with regard to this information.

I understand and accept the terms of this consent and acknowledge receipt of the Privacy Notice.

Client's name (printed): _____ Date: _____

Signature of Client: _____

Witness Signature: _____