



DONNA HAMPTON  
counseling.

MS | LCMHCS | NCC | EMDR-Certified Therapist

## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.  
Please review this notice carefully.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, and future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the *American Counseling Association Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will post the revised Notice of Privacy Practices on my website and provide a copy to you upon your request.

### How I May Use and Disclose Health Information about You

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. I may disclose PHI to other providers only with your authorization. I may also contact you to remind you of your appointments or to provide information to you about treatment options or other health-related benefits and services that may be of interest to you.

**For Payment.** I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities include making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

**For Health Care Operations.** I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (i.e. billing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.

**Required by Law.** I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Without Authorization.** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations.

**Child Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.



**Elder Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of elder abuse or neglect.

**Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a court order, administrative order, or similar process.

**Serious and Forseeable Harm.** I may disclose your PHI in order to protect you or identified others from serious and foreseeable harm.

**Deceased Patients/Clients.** I may disclose PHI regarding deceased patients/clients as mandated by state law. A release of information regarding deceased patients/clients may be limited to an executor or administrator of a deceased person's estate.

**Medial Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personal in order to prevent serious harm.

**Family Involvement in Care.** I may disclose your PHI to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance (such as third-party payers based on your prior consent) and peer review organizations performing utilization review and quality-control.

**Law Enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a court order, administrative order, or similar document.

**Specialized Government Functions.** I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons, and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws, and the need to prevent serious harm.

**Public Health.** If required, I may disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Response to Complaint.** PHI may be released in response to a complaint filed against a clinician.

**Verbal Permission.** I may also use or disclose your PHI to family members who are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.



## **Your Rights Regarding Your PHI**

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me.

**Right of Access.** You may ask to see or get a copy of your PHI. You must make this request in writing. I will provide a copy or a summary of your PHI, usually within 30 days of your request. Your right of access may be restricted in certain situations, including situations in which having access may cause you harm. I may charge a reasonable, cost-based fee for copies.

**Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your amendment and will provide you with a copy.

**Right to an Accounting of Disclosures.** You have the right to request a restriction or limitation on the use of disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

**Right to Request Confidential Communication.** Normally, I will communicate with you at the address, phone number, and e-mail you provide to me. You may ask me to communicate with you by other ways or at another location. Your request will need to describe how you want the information communicated and where. I am happy to honor your request as long as it is reasonable to do so. If you restrict me from providing information to your insurer, you will also need to explain how you will pay for your treatment.

**Breach Notification.** If there is a breach of unsecured PHI concerning you, I am required to notify you of this breach, including what happened and what you can do to protect yourself.

**Right to a Copy of this Notice.** You have the right to a copy of this notice.

## **Complaints.**

If you believe that your privacy rights have been violated, you have the right to file a complaint in writing with me or with the Secretary of Health and Human Services at 200 Independence Avenue, SW, Washington, DC, 20201 or by calling 202-619-0257. I will not retaliate against you for filing a complaint.