



Notice of Privacy Policy Therapy Transformed MWP LLC

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

Mental health professionals are bound by the Health Insurance and Portability Accountability Act of 1996 (HIPAA). You can read about it here: <https://www.hhs.gov/hipaa/index.html> . The law protects your confidentiality aside from a few exceptions which will be outlined below.

Your health record contains personal information about you and your mental health. **“Protected health information”** refers to any information that identifies you and relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose your protected health information in accordance with applicable law and the NASW Code of Ethics, ACA Code of Ethics, or AAMFT Code of Ethics. It also describes your rights regarding how you may gain access to and control your protected health information.

What is contained in your protected health information: Therapists are required to document after every session in a note which contains the themes of the session, a brief plan and a brief assessment of functioning/risk of suicide/homicide plans/ideation. It may include a diagnosis if warranted and possible treatment goals and the demographic information you provided upon starting. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice of Privacy Practices at any time and will provide you with a copy of the revised Notice of Privacy Practices by posting a copy in our office or providing one via your client portal or to you at your next appointment upon request.

How We May Use And Disclose Health Information about You For Treatment:

- 1) Your protected health information 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. This includes consultation with clinical supervisors as well as coordination with administrative staff and with another covering therapist if necessary in the absence of your therapist. These individuals have a written contract which requires them to safeguard the privacy of your protected health information and to maintain your confidentiality.
- 2) We may use and disclose protected health information so that we can receive payment for

the treatment services provided to you. This will only be done with your request to use your insurance benefit, Employee Assistance Program (EAP) or if you've indicated another person is paying for your treatment. Examples of payment-related activities are: 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 or audits. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of protected health information necessary for purposes of collection.

3) There are occasions which require us under law to disclose your protected health information with or without your authorization. Some examples are:

a) To the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the Federal privacy requirements.

b) If you are at risk of being a serious and/or imminent threat to the health or safety of a person or the public, we will disclose information to prevent or lessen that serious threat. We will disclose it to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, i.e law enforcement.

c) If you are in imminent danger of committing suicide or attempting to harm yourself we are legally and ethically bound to intervene in anyway necessary to prevent that including contacting family members/emergency contacts and the police.

d) If there is suspicion of neglect or abuse of a child in the past, present or future we are mandated reporters and are required by law to report that to the Utah Division of Child and Family Services, or the police.

e) If we have reason to believe that a vulnerable adult is suffering from abuse, neglect, abandonment or exploitation, we are required by law to make a report to either the Utah Adult Protective Services, or the nearest law enforcement agency as soon as we become aware of the situation.

f) If we receive a subpoena or you become involved in the court system a judge can order that we provide information about you and we will have to release your records or information.

g) With Your Written Authorization: You may sign a Consent to Release Information and specify if you want the information to be obtained/disclosed or exchanged with the person you indicate. You can revoke it at any time provided you notify your therapist.

Your Rights Regarding Your Protected Health Information: You have the following rights regarding protected health information we maintain about you. To exercise any of these rights, please inform your therapist

- 1) Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy protected health information that may be used to make decisions about your care. Your right to inspect and copy protected health information will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable,

cost-based fee for copies.

- 2) Right to Request Confidential Communication. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you can request to avoid calling you on selected phone numbers or ask that we send bills to an alternate address.

- 3) Right to a Copy of this Notice. You have the right to a copy of this notice.

Name (printed): _____

Signature of Client or Guardian: _____

Date: _____