



Notice of Privacy Practices

We are required by law to maintain the privacy of Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to follow the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

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 or 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 we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules.

Effective date: 7/1/2020

We will only release healthcare information about you in accordance with federal and state laws and ethics of the social work profession. Brenda Sommer Therapy & Consulting, LLC has and will continue to respect patient’s confidential information. This notice describes our policies related to the use and disclosure of your healthcare information.

PHI will only be released when: Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT We may need to use or disclose health information about you to provide, manage or coordinate your care or related services. Which could include consultants and potential referral sources. When consulting/ supervising a patient’s name and specific information will remain left out of such discussions. Only when referring elsewhere would patient contact information need to be released.

PAYMENT Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance.



HEALTHCARE OPERATIONS We may need to use information about you to review our treatment procedures and business activity. Information maybe used for certification, compliance and licensing activities.

Limits of Confidentiality: Other uses or disclosures of your information which do not require your consent: There are some instances where we may be required to use and disclose information without your consent. If you are assessed to be a danger to yourself; cannot guarantee your physical safety against the intention of suicide; and/or have immediate suicidal plans, this information is not considered to be “confidential.” Actions by your therapist may be taken to ensure your safety. If you are assessed to be a danger to others; cannot guarantee their safety; have an immediate, specific plan to cause fatal injury/harm to another person, this information is not considered to be “confidential”. Actions may be taken to protect the safety of others. The police may be notified of your intentions as well as the intended victim. Court order/subpoenas may require your provider to relinquish a copy of your written Mental Health Record to the appropriate Courts. Mental Health Providers can also be subpoenaed to testify in court without your consent.

Clinical records, psychotherapy notes and other disclosures require a separate signed release of information. You have a right to or will receive notification of a breach of any unsecured personal health information.

I hereby understand Notice of Privacy Practices and agree to engage in therapy services at this time.

Client Printed Name

Date of Birth

Client Signature

Date

Client Guardian (if Minor)

Date

Witness

Date