

# *Little Lamp Christian Counseling LLC*

## **NOTICE OF PRIVACY PRACTICES**

Effective Date of This Notice:

This notice went into effect on 1/1/2025.

### **Health Insurance Portability and Accountability Act (HIPAA)**

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), which provides privacy protections and patient rights regarding the use and disclosure of the clients' Protected Health Information (PHI) for treatment, payment, and health care operations. HIPAA requires the counselor to provide the client with a Notice of Privacy Practices (the Notice) for the use and disclosure of PHI for treatment, payment, and health care operations. This Notice explains HIPAA and its application to the clients' PHI in greater detail. The law requires that the counselor obtain the clients' signature acknowledging that the counselor has provided the client with this Notice. If the client has any questions, it is the clients' right and obligation to ask so the counselor can have a further discussion prior to signing this document. When the client signs this document, it will also represent an agreement between the client and the counselor. The client may revoke this Agreement in writing at any time. That revocation will be binding unless the counselor has taken action in reliance on it.

### **I. COUNSELOR PLEDGE REGARDING HEALTH INFORMATION:**

This counselor understands that health information about the client and the clients' health care is personal. This counselor is committed to protecting health information about the client. This counselor will create a record (clinical record) of the care and services the client receives at Little Lamp Christian Counseling LLC. This record is needed to provide the client with quality care and to comply with certain legal requirements. This notice applies to all records of the clients' care generated by this mental health care practice, Little Lamp Christian Counseling LLC. This notice will inform the client about the ways in which the counselor may use and disclose health information about the client. This notice also describes the clients' rights to the health information that this counselor will keep about the client and describes certain obligations this counselor has regarding the use and disclosure of the clients' health information.

The counselor is required by law to:

- Make sure that protected health information ("PHI") that identifies the client is kept private.
- Give the client this notice of the counselor's legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

The counselor reserves the right to change the privacy policies and practices described in this notice. Unless the counselor notifies the client of such changes, the counselor is required to abide by the terms currently in effect. If the counselor revises company policies and procedures, the counselor will provide the client with a revised notice during the following session, and the new notice will be available on the company website.

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## **II. HOW THE COUNSELOR MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT THE CLIENT:**

The law protects the privacy of all communication between a client and a counselor. In most situations, the counselor can only release information about the client's treatment to others if the client signs a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations in which the counselor is permitted or required to disclose information without the client's consent or authorization. If such a situation arises, the counselor will limit the disclosure to what is necessary. The following categories describe different ways that the counselor may use and/or disclose health information. Not every use or disclosure in a category will be listed.

- **Lawsuits and Disputes:** If the client is involved in a court proceeding and a request is made for information concerning the client's diagnosis and treatment, such information is protected by the psychologist-patient privilege law. The counselor cannot provide any information without the client's (or the client's legal representative's) written authorization, a court order, or a subpoena of which the client has been properly notified and has failed to inform the counselor that they oppose the subpoena. If the client is involved in or contemplating litigation, the client should consult with an attorney to determine whether a court would be likely to order the counselor to disclose information.
- **Government Requests:** If a government agency requests information for health oversight activities, within its appropriate legal authority, the counselor may be required to provide it. This includes specialized government functions, such as 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. This also includes law enforcement purposes, including reporting crimes occurring on company premises, and reporting to coroners or medical examiners when performing duties authorized by law.
- **Client Complaints or Lawsuits:** If a client files a complaint or lawsuit against the counselor, the counselor may disclose relevant information regarding that client in order to defend themselves.
- **Workers' Compensation Claims:** If a client files a workers' compensation claim and the counselor is providing necessary treatment related to that claim, the counselor must, upon appropriate request, submit treatment reports to the appropriate parties, including the client's employer, the insurance carrier, or an authorized qualified rehabilitation provider.
- **Appointment Reminders and Health-Related Benefits or Services:** The counselor may use and disclose the client's PHI to contact the client as a reminder of an upcoming appointment. The counselor may also use and disclose the client's PHI to inform the client about treatment alternatives or other health care services or benefits that the counselor offers.
- **Child Abuse or Neglect:** If the counselor knows or has reason to suspect that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that the counselor file a report with the Ohio Abuse Hotline. Once such a report is filed, the counselor may be required to provide additional information.

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- **Vulnerable Adult Abuse or Neglect:** If the counselor knows or has reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, the law requires that the counselor file a report with the Ohio Abuse Hotline. Once such a report is filed, the counselor may be required to provide additional information.
- **Animal Abuse:** If the counselor suspects that animal abuse is occurring, a report will be made to a law enforcement officer, humane society agent, or animal control.
- **Risk of Physical Harm:** If the counselor believes that there is a clear and immediate probability of physical harm to the client, to other individuals, or to society, the counselor may be required to disclose information to take protective action, including communicating the information to the potential victim, an appropriate family member, the police, or seeking hospitalization of the client.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE THE CLIENTS' AUTHORIZATION:**

**Psychotherapy Notes:** The counselor keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501. Any use or disclosure of such notes requires the client's authorization unless the use or disclosure is:

- For counselor's use in treating the client.
- For counselor's use in defending themselves in legal proceedings instituted by the client.
- For use by the Secretary of Health and Human Services to investigate the counselor's compliance with HIPAA.
- Required by law, and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

### **Definitions pertaining to section III.**

**Psychotherapy Notes:** Notes taken by the counselor during the session that serve to remind the counselor of what was said and to assist in providing adequate care. These notes are not typically professional in nature and are not included in the client record. Often, these notes are disposed of once the counselor completes the session progress note.

**Progress Notes:** Notes that are included in the client record; they are professional in nature and include specific information about client sessions as required by law. These are the notes the client will receive when requesting a copy of their clinical/medical record.

### **Marketing Purposes.**

The counselor will not use or disclose the client's PHI for marketing purposes. The counselor will not sell the client's PHI in the regular course of business.

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## **IV. CERTAIN USES AND DISCLOSURES REQUIRE THE CLIENT TO HAVE THE OPPORTUNITY TO OBJECT:**

Disclosures to Family, Friends, or Others: The counselor may provide the client's PHI to a family member, friend, or other person that the client indicates is involved in the client's care or in the payment for the client's health care, unless the client objects in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## **V. CLIENT RIGHTS**

Right to Treatment – The client has the right to ethical treatment without discrimination based on race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.

Right to Confidentiality – The client has the right to have their health care information protected. If the client pays for a service or health care item out-of-pocket in full, the client may request that the counselor not share that information for the purpose of payment or health care operations with the client's health insurer. The counselor will honor such a request unless a law requires disclosure.

Right to Request Restrictions – The client has the right to request restrictions on certain uses and disclosures of protected health information (PHI) about the client. However, the counselor is not required to agree to a restriction the client requests.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – The client has the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

Right to See and Get Copies of The clients' PHI– Other than "psychotherapy notes," the client has the right to receive an electronic or paper copy of their medical record and other information the counselor has about the client. The counselor will provide the client with a copy of the record, or a summary if the client agrees, within 30 days of receiving the client's written request. The counselor may charge a reasonable, cost-based fee for this service. If the counselor refuses the client's request for access, the client has a right of review, which the counselor will explain upon request.

Right to Amend – If the client believes there is a mistake in their PHI, or that important information is missing, the client has the right to request that the counselor correct or add the information. The counselor may deny the request but will explain the reason to the client.

Right to Get a Paper or Electronic Copy of this Notice – The client has the right to obtain a paper copy of this Notice and may also request a copy via e-mail or other electronic delivery method.

Right to Get a List of the Disclosures the Counselor has made– The client has the right to request a list of instances in which the counselor disclosed the client's PHI for purposes other than treatment, payment, or health care operations, or for which the client provided written authorization.

Right to Choose Someone to Act for The client – If the client has a legal guardian, that person may exercise the client's rights and make decisions regarding the client's health information. The counselor will verify that the person has this authority before taking any action.

Right to Choose – The client has the right to decide not to receive services with Little Lamp Christian Counseling LLC. If the client wishes, the counselor will provide names of other qualified professionals.

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Right to Terminate – The client has the right to terminate therapeutic services with Little Lamp Christian Counseling LLC at any time, without legal or financial obligations other than those already accrued. The counselor requests that the client discuss this decision in session or at least contact the counselor by phone to inform them of the termination.

Right to Release Information with Written Consent – With the client’s written consent, any part of the client’s record may be released to any person or agency the client designates by completing a “Release of Information” form. The counselor and client will discuss whether releasing the information to that person or agency might be potentially harmful to the client.

## **VI. COMPLAINTS**

If you believe your rights have been violated by a counselor you may file a complaint with the counselor or with the U.S. Department of Health and Human Services (HHS). To file with HHS:

- Send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
- Call 1-877-696-6775
- Visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>