



## **HIPAA NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW THE HOLDING SPACE COUNSELING AND WELLNESS (THSCW or “WE” or “OUR”) SAFEGUARD AND MAY USE AND DISCLOSE HEALTH INFORMATION, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

WE ARE PROVIDING THIS NOTICE TO YOU TO HELP YOU UNDERSTAND YOUR RIGHTS AND OUR RESPONSIBILITIES. WE WILL ASK YOU TO READ AND ACKNOWLEDGE RECEIPT OF IT. THIS DOCUMENT INCLUDES INFORMATION ABOUT YOUR RIGHTS, YOUR CHOICES, OUR USES & DISCLOSURES, AND OUR RESPONSIBILITIES. ONCE YOU HAVE REVIEWED THIS NOTICE OF PRIVACY PRACTICES, PLEASE SIGN WHERE INDICATED BELOW INDICATING THAT YOU HAVE RECEIVED A COPY OF THIS NOTICE AND UNDERSTAND ITS CONTENTS.

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

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from me. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

We may change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website at: <https://theholdingspacecw.com/>.

### **II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that we typically use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment Purposes:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a health care provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the health care provider in diagnosis and treatment of your condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

- **For Payment Purposes.** We may use or disclose your health information to bill and receive payments from your insurance plan or others with responsibility for payment of our services.
- **For Health Care Operations.** We can use or disclose your health information to run our practice, improve your care and contact you when necessary. This may include sharing your PHI with our vendors, known as Business Associates, to carry out certain operations of our practice.

### III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION:

- **Psychotherapy Notes.** As mental health professionals, we may keep psychotherapy notes that are not required or useful for treatment, payment or health care operations purposes except by the mental health professional that created the notes. To the extent we maintain separate psychotherapy notes, we are not required to disclose them to you. We may however, disclose psychotherapy notes to another health care provider with your written Authorization. We may also disclose psychotherapy notes without your Authorization as required by law, including reporting of abuse and mandatory "duty to warn" situations that pose a threat of serious and imminent harm made by you.
- Information that would identify you as a person seeking help for a substance abuse problem is protected under a separate set of federal regulations known as "Confidentiality of Alcohol and Drug Abuse Patient Records", 42 C.F.R. Part 2. Under certain circumstances these regulations will provide your health information with additional privacy protections beyond those that have already been described. THSCW will follow the provisions of 42 CFR Part 2 governing disclosure of such personal health information. Except for the circumstances described below, we will not disclose personal

health information to a third party without written permission of the individual or a court order. If a request for disclosure of your patient record is received, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure, or it is not possible for us to contact you in person, we will not disclose your information without a court order. If you do authorize THSCW and its affiliates to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke authorization, it will not affect disclosure or use of information that has already occurred.

- **Marketing Purposes.** As a health care provider, we will not use or disclose your PHI for marketing purposes.
- **Sale of PHI.** As a health care provider, we will not sell your PHI in the regular course of business.
- **Fundraising.** We do not engage in fundraising. However, should that change, we may contact you for fundraising efforts, but you can tell us not to contact you again for this purpose.

#### **IV. USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION.**

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

- **When disclosure is required by state or federal law,** and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **For public health and safety activities,** including reporting suspected child, elder, or dependent adult abuse, preventing disease, or preventing or reducing a serious threat to anyone's health or safety.
- **For health oversight activities,** including audits and investigations.
- **For judicial and administrative proceedings,** including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
- **For law enforcement purposes,** including reporting crimes (or the threat of crimes) occurring on my premises or against THSCW personnel.
- **To coroners or medical examiners,** when such individuals are performing duties authorized by law.
- **For research purposes,** including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition.

- **Specialized government functions**, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- **For workers' compensation purposes**. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
- **Lawsuits and Disputes**: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request and you have had an opportunity to object or if the person requesting your PHI obtains a qualified protective order for the information from the court.
- **Appointment reminders and health related benefits or services**. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

## V. USES AND DISCLOSURES REQUIRING YOU TO OBJECT.

**Disclosures to family, friends, or others.** You have the right and choice to tell us with whom we may share your PHI, including a family member, friend, or other person that is involved in your care. In the event you are unable to tell us with whom we can share your PHI (*i.e.*, you are unconscious), we may share your PHI with others (family, friends others we reasonably believe to be involved in your care) if we believe it is in your best interest to do so. You may object in whole or in part to sharing your PHI to a family member, friend or other person involved in your care and, may revoke that objection in writing at any time.

## VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may deny your request if we believe it would affect your health care.
- **The Right to Request Restrictions.** If you pay for a service or healthcare item Out-of-Pocket in full, you have the right to request a restriction in writing on disclosures of your PHI to your health plans for payment of the specific service or healthcare item. We will honor your request unless a law requires that we share that information.
- **Right to Confidential and/or Alternative Communications.** You have the right to ask me to contact you in a specific way (for example, home or office phone), to send mail to

a different address or to send an encrypted email to your email account on file with us. We will agree to all alternative requests submitted in writing unless the request is unreasonable and/or contrary to law. We will advise you in writing as to why such request is denied.

- **The Right to Access Your PHI.** Other than “session notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so based on applicable law. We may deny a request that is not legal, not permitted, or that pose a safety threat or concern.
- **The Right to an Accounting of Disclosures.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable, cost-based fee for each additional request.
- **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
- **The Right to Access and Understand this Notice.** You have the right to request a copy of this Notice at any time, to be provided in paper or electronic format emailed to your email address on file with us. You may also download a copy of this Notice on our website at: <https://theholdingspaceew.com/>.

### **To File a Complaint or Get More Information**

If you want more information or if you believe your privacy rights have been violated (i.e. you disagree with a decision of ours about inspection / copying, amendment / correction, accounting of disclosures, restrictions or alternative communications), we want to make it right. We never will penalize you for filing a complaint.

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Ave., S.W.  
Washington, DC 20201  
877.696.6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

Or, submit a written complaint to us at the following address:

Elise Ferrary, MA. LPC, NCC  
The Holding Space Counseling and Wellness  
2621 W. Wackerly Street, Suite B  
Midland, MI 48640  
(989) 572-4080  
eliseferrary@theholdingspacecw.com

These privacy practices are in accordance with the original HIPAA enforcement effective April 14, 2003, and undated to Omnibus Rule effective March 26, 2013 and will remain in effect until we replace them as specified by Federal and/or State Law. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**EFFECTIVE DATE OF THIS NOTICE**

This Notice went into effect on July 1, 2021.

**Acknowledgement of Receipt of Privacy Notice**

By signing below, you are acknowledging that you have received a copy of this HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

