 **Grounded Roots Counseling Services**

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**Notice of Policies and Practices**

**to Protect the Privacy of Your Health Information**

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. **If at any point you have any questions or concerns, please ask your therapist for clarification.**

1. **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Grounded Roots Counseling Services may use or disclose your protected health information (PHI), which is any information given with your consent that identifies you for treatment, payment, and health care operations.

* **Treatment** refers to when your therapist provides, coordinates, and manages your health care. An example would be when your therapist consults with another health care provider, such as your primary care physician.
* **Payment** is when your therapist obtains reimbursements for your counseling services. Examples are when your therapist discloses your PHI to your insurer to obtain reimbursement or to determine eligibility for your health care plan.
* **Health Care Operations** are activities related to the performance and operations of Grounded Roots Counseling Services. These are business related matters (e.g. administrative services, case management, and care coordination). In addition, your clinician or other practice members may need to use your name, address, phone number, and your clinical record to contact you (e.g. appointment times). You decide if it is okay for your therapist to call you or leave a message at home and/or work.
1. **Uses and Disclosures Requiring Authorization**

Grounded Roots Counseling Services may use or disclose PHI for purpose outside of treatment, payment, and health care operations when a proper authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. Your therapist will obtain an authorization before releasing your “psychotherapy notes,” which are notes your therapist has made during your counseling sessions. These notes have greater degree of protection than PHI.

You may cancel any or all such authorizations at any time, by providing written request to cancel the authorization to Grounded Roots Counseling Services at 401 East Louther Street Carlisle PA Suite 221. Grounded Roots Counseling Services will not be able to honor your request if: 1. We have already released your PHI before we receive your request or 2. You were required to give your authorization to obtain insurance coverage.

1. **Uses and Disclosures with Neither Consent nor Authorization**

Grounded Roots Counseling Services may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:**  If your therapist has reasonable cause to suspect a child is the victim of abuse, neglect, or maltreatment, he/she is required by Pennsylvania law to report his/her suspicion of abuse or maltreatment to the statewide central registry of child abuse and maltreatment and the local child protective service agency.

**Other Abuse:**  If your therapist has reasonable cause to suspect an elderly or disabled person is the victim of abuse, neglect, or maltreatment, a report will be made to the appropriate state agency.

**Health Oversight:** If there is an inquiry or complaint about your clinician’s professional conduct to the Pennsylvania Department of State and/or applicable state licensing board, Grounded Roots Counseling Services may be required to provide your confidential mental health records relevant to the inquiry or complaint.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that Grounded Roots Counseling Services has provided you and/or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. Grounded Roots Counseling Services must inform you in advance if this is the case.

**Serious Threat to Health and/or Safety:** Should you express a serious threat or intent to kill or seriously injure a person, including yourself, or a group of people, and your therapist determines you will likely carry out the threat, your therapist must take reasonable measures to prevent such harm. These measures may include directly warning the potential victim(s) of the threat, asking you to be evaluated at the local crisis unit, or contacting local authorities.

1. **Clinician’s Duties**
* Grounded Roots Counseling Services is required to maintain the privacy of PHI and to provide you with a notice of our legal responsibilities and privacy practices re: PHI.
* We reserve the right to change the practice and policies re: PHI as described in this notice. Unless you are notified of the change, we are required to abide by the terms currently in effect.
* If Grounded Roots Counseling Services revises these policies and proceedings, you will receive notice by U.S. mail or in person in the office.
1. **Patient’s Rights**

When it comes to your health information, you have certain rights. This section explains your rights.

**Right to Request Restrictions:** You have the right to request restrictions on uses and disclosures of PHI about you. Your therapist is not required to agree to restrictions on your request.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive communication of PHI by alternative means and/or at alternative locations.

**Right to Inspect and Copy.** You have the right to inspect or obtain a copy of your PHI maintained in your mental health and billing records. This right is subject to limitations, and we may impose a charge for the labor and supplies involved. Upon your written request, your therapist will discuss the details of the request, the limitations, and the denial process. We may deny your request under circumstances, such as when providing a copy of the record is likely to cause harm to the you, the client.

**Right to Amend.** You have the right to request your therapist to correct health information that you think is incorrect or incomplete. However, your therapist may deny the request. Upon your written request your therapist will discuss the details of the amendment process.

**Right to Accounting.** You have the right to obtain an “accounting” of certain disclosures of your PHI. Upon your written request your therapist will discuss the details of the accounting process.

**Right to a Paper Copy.** You have the right to receive, upon request, a paper copy of the Nature of Privacy Practices from Grounded Roots Counseling Services.

1. **Complaints.** If you believe we have violated your privacy rights, you may submit a complaint. To file a complaint with the practice, submit the complaint in writing to your therapist. If you do not feel comfortable doing this, you may call The Pennsylvania Board of Social Workers, Marriage and Family Therapists and Professional Counselors at 717-783-1389 with your questions or a complaint.
2. **Legal Effect of this Notice.** This notice will go into effect January 1, 2020. This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.