



PHOENIX RISING COUNSELING
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NOTICE OF PRIVACY PRACTICES

If you have any questions about this notice, please contact Esther Camerota-MacNeill, LPC:

Phoenix Rising Counseling
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It is the intent of Phoenix Rising Counseling to be in compliance with the Privacy Standards for Private Health Information (PHI) covered under the Health Insurance Portability and Accountability Act (HIPAA).

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to it. Please review carefully.

This Notice of Privacy Practices describes how your Protected Health Information (PHI) may be used to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information", or "PHI", is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and/or mental health condition(s) and related health care services.

Phoenix Rising Counseling is required to abide by the terms of this Notice of Privacy Practices. It is the intent of Phoenix Rising Counseling to be in compliance with the Privacy Standards for Private Health Information (PHI) covered under the Health Insurance Portability and Accountability Act (HIPAA). We may change the terms of this Notice at any time. A new Notice will be effective for all PHI that is maintained at that time. You have the right to receive a paper and electronic copy of this Notice by request. Updated copies of this Notice are available to you.

Uses and Disclosure of Protected Health Information

This section outlines the uses and disclosures of PHI for which your authorization is not required. Your PHI may be used and disclosed without your prior authorization by your clinician and others outside of this office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of Phoenix Rising Counseling and any other use required by law.

1. **Treatment:** Your PHI will be used and disclosed to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a psychiatrist or other medical provider to which you have been referred to ensure that your psychiatrist or other medical provider has the necessary information to diagnose or treat you.

2. **Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for outpatient psychotherapy services may require that your relevant PHI be disclosed to your health insurance carrier to obtain approval for outpatient psychotherapy services.
 3. **Healthcare Operations:** This practice may use or disclose, as needed, your PHI in order to support Phoenix Rising's business activities. These activities include, but are not limited to, quality assessment activities, clinician training, licensing, and conducting or arranging for other business activities. For example, you may be called by your name in the waiting room when your clinician is ready to see you or disclose your PHI, as necessary, to contact you to remind you of your appointments.
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This next section outlines other permitted and required uses and disclosures that may be made with your opportunity to object. This practice may use and disclose your PHI in the following instances:

1. You have the opportunity to object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.
 2. Unless you object, PHI may be disclosed to a member of your family, a relative, a close friend, or any other person you identify, that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, this practice may disclose such information as necessary if determined that it is in your best interest based on professional judgment. Phoenix Rising Counseling may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for the care of your location, general condition, or death. Finally, this practice may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
 3. Your PHI may be used or disclosed in an emergency treatment situation. If this happens, every effort will be made to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your clinician is required by law to treat you and has attempted to obtain your consent but is unable to, your clinician may still use or disclose your PHI to treat you.
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This section outlines other permitted and required uses and disclosures that may be made without your consent, authorization, or opportunity to object. Your PHI may be disclosed in the following situations without your consent or authorization:

1. **Required by Law:** Your PHI may be used or disclosed to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
2. **Public Health:** Your PHI may be disclosed for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. This disclosure will be made for the purpose of controlling disease, injury, or disability.
3. **Communicable Diseases:** Your PHI may be disclosed if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

4. **Health Oversight:** Your PHI may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.
5. **Abuse or Neglect:** Your PHI may be disclosed to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
6. **Legal Proceedings:** Your PHI may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.
7. **Law Enforcement:** Your PHI may be disclosed so long as applicable legal requirements are met, for law enforcement purposes.
8. **Research:** This practice may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
9. **Criminal Activity:** Consistent with applicable federal and state laws, PHI may be disclosed if believed that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
10. **Military Activity and National Security:** When the appropriate conditions apply this practice may use or disclose PHI regarding individuals who are Armed Forces personnel: (i) for activities deemed necessary by appropriate military command authorities; (ii) for the purpose of a determination by the Department of Veterans Affairs; or (iii) to foreign military authority if you are a member of the foreign military services.
11. **Workers' Compensation:** This practice may use or disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.
12. **Required Uses and Disclosures:** Under the law, disclosures must be made to you, and when required by the Secretary of the Department of Health and Human Services, to investigate or determine compliance with requirements of the Code of Federal Regulations, 45 CFR § 164.500.

This final section outlines the uses and disclosures of PHI for which your written authorization is required. Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your clinician at Phoenix Rising Counseling has already taken action in reliance on the use or disclosure indicated in the authorization.

The following uses and disclosures will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;

3. Disclosures that constitute a sale of PHI; and
 4. Other uses and disclosures not described in this Notice of Privacy Practices
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Your Rights

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights:

1. You have the right to inspect and obtain a copy of your PHI. This means you may inspect and obtain a copy of your PHI that is contained in a designated record set for so long as Phoenix Rising Counseling maintains the PHI. A “designated record set” contains medical and billing records and any other records that your clinician at Phoenix Rising Counseling uses for making decisions about you.

However, as per federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed. Please contact this practice’s Privacy Officer (Esther Camerota-MacNeill, LPC, as sole proprietor) if you have questions about access to your medical record.

2. You have the right to request a restriction of your PHI. This means you may ask this practice not to use or disclose any part of your PHI for the purposes of treatment, payment, or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. You also have a right to restrict certain disclosures of your PHI to a health insurance carrier if you have paid in full out-of-pocket for services and treatment provided by Phoenix Rising Counseling. Your clinician is not required to agree to a restriction that you may request. If your clinician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another clinician. If your clinician does agree to the requested restriction, this practice may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.
3. You have the right to request to receive confidential communications from this practice by alternative means or at an alternative location. Every effort will be made to accommodate reasonable requests.
4. You may have the right to have your clinician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as this practice maintains this information. In certain cases, this practice may deny your request for an amendment. If your request for amendment is denied, you have the right to file a statement of disagreement, and this practice may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your clinician to determine if you have questions about amending your health record.
5. You have the right to receive an accounting of certain disclosures that have been made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice. It excludes disclosures this office may have made to you, to family members or friends involved in your care, or for general notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 21, 2021. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

6. You have the right to obtain a paper copy of this Notice, upon request, even if you have agreed to accept this Notice electronically.
7. You have a right to receive notifications of a data breach. This office is required to notify you upon a breach of any unsecured PHI. The notice must be made within 60 days from when we become aware of the breach. However, if there is insufficient contact with you, an alternative notice method (posting on website, broadcast media, etc.) may be used.

Complaints

You may file a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint.

You will not be retaliated against for filing a complaint.

This practice is required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

This notice was published and becomes effective on April 12, 2021. Phoenix Rising Counseling reserves the right to change the terms of this Notice and to make the new provisions effective for all PHI that it maintains.

BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS DETAILED IN THIS DOCUMENT.

Client or Parent/Guardian Signature _____ Date _____