

HIPPA

** indicates a required field*

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Updated 10/25/2024

I, Mackenzie Brewer, LPC-S, LADC-MH & Awaken Your Serenity PLLC only release your patient information in accordance with state and federal laws and through guidance of the ethical standards of the counseling profession. This notice describes the policies related to the use and disclosure of your healthcare information in my counseling practice. I work to keep all information regarding you in the strictest confidence to maintain your privacy for a safe therapeutic environment. There are some circumstances where it may be necessary to disclose some portion of your information and those will be detailed below. As confidentiality is a vital part of our relationship, please feel free to ask me at any time or share concerns about any of my practices on how your information is used. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires your health care providers to keep your health information private and to inform you of their privacy practices. You are entitled to a copy of this notice at any time, and I will make available a copy of my privacy policy if it changes.

Use and Disclosure of Protected Health Information for Providing Services

Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes in the regular activities required to provide care to you. These are detailed as follows:

TREATMENT

Use and disclose health information to: Provide, manage or coordinate care: I will use your private health information to write progress and treatment notes about what we discuss in sessions, your health history, present status, diagnoses, communications between us, records received from other professionals, and to document any information released with your signed permission to other sources. Consultants: If I believe information from another professional may be useful to your circumstances, or aid in making clinically relevant decisions, I may use your information to obtain consultation with other health providers or professionals (e.g., other mental health providers, specialists, doctors, attorneys, etc). In doing so, I will not use your name and will provide the least amount of information about you possible to receive effective consultation. Referral sources: If you should need a referral for services outside of my practice, I may use your information to obtain that referral. I will not use your name and specific identifiers without your signed permission.

PAYMENT

Use and disclose health information to: Verify insurance and coverage with your insurance company
Process claims and collect fees, including sharing your information with a collection agency if fees go unpaid
Send you receipts for payment

HEALTHCARE OPERATIONS

Use and disclose health information for: Review of treatment procedures and business activities: In maintaining my records, I may use your protected health information to review your health records or my business activities to ensure quality practices. I will be the only person reviewing your records in this instance. I intentionally do not employ an office manager or billing personnel. This helps limit the exposure of your private health information. Storing electronic records: I have a Business Associate Agreement with Simple Practice where I maintain a calendar of appointments, notes, and electronic records. This agreement requires Simple Practice to operate in a HIPAA compliant manner to maintain your privacy.

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

Mandated reporting: In the event that you or an identifiable other person is in imminent danger, I am mandated by law to act to prevent that harm using any information necessary, including your protected health information. If a child under 18 or vulnerable adult is threatened by abuse or neglect, I am mandated by law to report this to the appropriate reporting agency with no exception. Emergencies: In the event of an emergency, I may use your protected health information to contact emergency services and/or your emergency contact to communicate about you and your status. Criminal or civil damage: In the event that you or someone connected to you breaks the law causing criminal damage, you involve yourself in a lawsuit that puts your psychological functioning in question, a judge orders me to cooperate, or if you bring legal action against me, I may be required to share your protected health information. Appointment scheduling: I may utilize your protected health information to schedule and follow up on appointments, including by mail if necessary. Treatment alternatives: I may share your protected health information if I should need to make a referral or consult about alternative treatment options on your behalf. As required by law: I may share your protected health information in the process of a court mandated legal proceeding, such as if charges are brought against you and your mental health status is in question and a judge orders your records be released, or if you bring a lawsuit against me, or as otherwise required by law. When Authorized: If you give me written permission to release your information in certain ways, I may do so. Government Health Agencies: If a government health care agency requires information to ensure I am maintaining privacy standards, or if we have met in the office and there is a positive result on a COVID 19 test, I may be required to disclose some of your private health information, although I will inform you of this disclosure prior to the disclosure and disclose the least amount of information necessary.

Your Rights

You have the right to request information about the nature and type of disclosures made with your record. You have the right to certain portions of your record—please discuss with me on an as needed basis. You have the right to amendments to your record if there should be an error or incompleteness of the record. You have the right to request limitations to the access and use of your record at your discretion—you may do this by contacting me and I will limit access in a reasonable way at your request, if possible. You have the right to request alternate methods of communication about your protected or identifying health information, such as electing to not receive text messages, emails, mail to your home address, or voicemails. I must accommodate reasonable requests if you indicate that the disclosure of all or part of the protected health information could endanger you. I may not question your statement of endangerment. You have the right to request that I restrict use or disclosure of your protected health information for treatment, payment, health care operations, disclosure to persons involved in your health care or payment for health care, or in notifying family members or others about your general condition, location, or death. I am under no obligation to agree to requests for restrictions.

If You Have Questions or Problems

I, Mackenzie Brewer, LPC-S, LADC-MH, am the designated HIPAA officer for my practice. If you need more information or have questions about the privacy practices described above, please speak to me or contact me in writing. If you have a problem with how your Protected Healthcare Information has been handled or if you believe your privacy rights have been violated, you may contact me. You have the right to file a complaint with me and with the Secretary of the federal Department of Health and Human Services. I will not in any way limit your care here or take any actions against you if you complain.

*** I have received and understand Mackenzie Brewer, LPC-S, LADC-MH, HIPAA privacy policy and will contact Mackenzie Brewer, LPC-S, LADC-MH, if I have any questions, concerns, or complaints.**

☐ I understand