

Notice of Privacy Practices UPDATE

WHOLEHEARTED COUNSELING (“WCS”)

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NOTICE OF PRIVACY PRACTICES

This Notice went into effect on 01/02/2024

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. **OUR 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 us, and we want this record to provide you with quality care and comply with regulations set by state and federal statutes. This Notice applies to all of the records of your care generated by WHCS. This Notice will tell you how we may use and disclose your health information. We also want you to know that we also describe your rights to the health information we keep about you and our obligations regarding using and disclosing your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- This Notice is about our legal duties and privacy practices concerning health information.
- Follow the terms of the Notice that is currently in effect.
- We can change the terms of this Notice, which will apply to all information we have about you. The new Notice will be available upon request in my office and on our website.

2. **BLUEPRINT AUTOMATED NOTETAKER AND CLINICAL WORKFLOW PLANNER:** Your clinician has opted for Blueprint, a note-taking system to improve client care. The Blueprint notetaker temporarily records sessions and uses this recording to automatically generate a progress note, which is a required form of clinical documentation. Once a progress note is created, the recording is automatically deleted from Blueprint's servers and database. This technology allows your therapist to remain fully present during sessions without pausing to take notes or recall essential information. This ensures that they can focus entirely on your psychotherapy session. Blueprint's software complies with HIPAA and is SOC 2 Type 2 certified. An external third-party auditor reviews Blueprint's systems, policies, and processes annually to confirm that it meets specific data privacy and security standards.

3. **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** The following categories describe how we will use and disclose health information. For each category, we will explain what we mean and try to give some examples. Only some uses or disclosures in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- For Treatment Payment or Health Care Operations: Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the patient/client to use or disclose the patient's personal health information with the patient's written Authorization to carry out healthcare provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any healthcare provider. This, too, can be done without your written Authorization. For example, if a clinician were to consult with another licensed healthcare provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the clinician in diagnosing and treating your mental health condition.
- Disclosures for treatment purposes are not limited to the minimum necessary standard. Therapists and other healthcare providers need access to the record and/or complete information to provide quality care. The word "treatment" includes, among other things, the coordination and management of healthcare providers with a third party, consultations between healthcare providers, and patient referrals for healthcare from one healthcare provider to another.
- Lawsuits and Disputes: If you are involved in a lawsuit, you may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute. However, only if efforts have been made to tell you about the request or obtain an order protecting the information requested.

4. **CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

- Psychotherapy Notes. We" keep "psychotherapy "notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For our use in treating you.
- It is for our use in training or supervising mental health practitioners to help them improve their group, joint, family, or individual counseling or therapy skills.
- In defending ourselves in legal proceedings
- In cases where the Secretary of Health and Human Services investigates our 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 about 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.
- Marketing Purposes. As a psychological service, we will not use or disclose your PHI for marketing purposes.
- Sale of PHI. As a psychological service, we will not sell your PHI in the regular course of my business.

5. **CERTAIN USES AND DISCLOSURES DO NOT REQUIRE 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, the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse or preventing or reducing a serious threat to everyone'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, we prefer to obtain Authorization from you before doing so.
- This is for law enforcement purposes, including reporting crimes on my premises.
- To coroners or medical examiners when such individuals perform legally authorized duties.

- Specialized government functions include ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counterintelligence operations, and helping to ensure the safety of those working in or housed in correctional institutions and workers' compensation purposes. Although we prefer obtaining your Authorization, we may provide your PHI to comply with workers' compensation laws, such as 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 me. We may also use and disclose your PHI to tell you about treatment alternatives or other healthcare services or benefits that we offer.

6. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

- Disclosures to family, friends, or others. Unless you object in whole or in part, we may be able to provide your PHI to a family member, friend, or other person you indicate is involved in your care or the payment for your health care. In emergencies, the opportunity to consent may be obtained retroactively.

7. YOU HAVE THE FOLLOWING RIGHTS CONCERNING YOUR PHI:

- The Right to Request Limits on Uses and Disclosures of Your PHI (e.g., treatment, payment, or health care operations). We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or service you have paid for out-of-pocket in full.
- You Have the Right to Choose How We Send PHI to You. You can ask us to contact you in a specific way (for example, by home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
- The Right to See and Get Copies of Your PHI. Other than "psychotherapy 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.
- The Right to Get a List of the Disclosures We Have Made. You have the right to ask for a list of instances in which we have shared your PHI for purposes other than treatment, payment, health care operations, or for which you authorized us. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will provide you will include disclosures made in the last six years unless you request a shorter time. We will give you the list 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 your PHI contains a mistake or that vital information is missing, you have the right to request that we correct the existing information or add the missing information. We do not have to honor your request to update your PHI, but we will tell you why in writing within 60 days of receiving it.
- The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy.

Aven L. Armstrong-Sutton is the privacy officer and custodian of WCS's medical records. If you have any concerns or complaints regarding how your PHI is recorded, stored, and shared, you can reach them at aven@wholehearted.org. They will have 48 business hours to get back to you with acknowledgment of your complaint. They will have 30 calendar days to investigate the matter and provide you with a disposition of their investigation and or any corrective actions.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding using and disclosing your protected health information. By checking the box below, you acknowledge receiving a copy of the HIPAA Notice of Privacy Practices.

I'D LIKE YOU TO SIGN BELOW. I AGREE THAT I HAVE READ, understood, and agree to the terms in this document.