

NOTICE OF PROVIDERS' POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

The terms of this Notice of Policies and Practices to Protect the Privacy of Your Health Information apply to Amanda Sherry, MA, LPCC-S, Ohio Counseling Services LLC, and authorized designees ("Provider") seeing and treating clients at 6591 W. Central Ave., Suite 103, Toledo, OH 43617 and all other locations where Provider's services are provided.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Provider may use or disclose your protected health information ("PHI"), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- A. "*PHI*" refers to information in your health record that could identify you.
- B. "*Treatment*" is when Provider provides, coordinates or manages your health care and other services related to your health care, such as counseling to you or consultation with another health care provider, such as your family physician or another therapist.
- C. "*Payment*" is when Provider obtains reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- D. "*Health Care Operations*" are activities that relate to the performance and operation of Provider's practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- E. "*Use*" applies only to activities within Provider's practice group such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- F. "*Disclosure*" applies to activities outside of Provider's practice group such as releasing, transferring or providing access to information about you to other parties.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Provider may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Provider is asked for information for purposes outside of treatment, payment and health care operations, she/he will obtain an authorization from you before releasing this



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information. Provider also needs to obtain an authorization before releasing your psychotherapy notes.

“*Psychotherapy notes*” are notes Provider has made about a conversation with you during a private, group, joint or family counseling session, which have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided the revocation is in writing. You may not revoke an authorization to the extent that (1) information has already been released in reliance on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

Provider may use or disclose PHI without your consent or authorization in the following circumstances:

A. **CHILD ABUSE:** If Provider knows or suspects that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, she/he is required by law to immediately report that knowledge or suspicion to the public children services agency, or a municipal or county peace officer.

B. **ELDERLY ADULT AND DOMESTIC ABUSE:** If Provider has reasonable cause to believe that an elderly adult is being abused, neglected, or exploited, or is in a condition that is the result of abuse, neglect or exploitation, she/he is required by law to immediately report such belief to the county Department of Job and Family Services. A Provider who knows or has reasonable cause to believe that a client has been the victim of domestic violence must note that knowledge or belief in the client’s records; such information may not be privileged.

C. **JUDICIAL OR ADMINISTRATIVE PROCEEDINGS:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law. Provider may not release this information without written authorization from you or your legally authorized representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

D. **SERIOUS THREAT TO HEALTH OR SAFETY:** If Provider believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, she/he may disclose your relevant confidential information to appropriate public authorities, the potential victim, other professionals and/or your family in order to protect against such harm. If you or a knowledgeable person communicates an explicit threat of inflicting imminent and serious



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physical harm or causing the death of one or more clearly identifiable victims, and Provider believes you have the intent and ability to carry out the threat, then she/he is required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).

E. **WORKER'S COMPENSATION:** If you file a worker's compensation claim, you will be required to permit release of information, records and reports; Provider may be required to give your mental health information to relevant parties and officials.

F. **APPOINTMENTS AND SERVICES:** We may contact you to remind you of appointments or to discuss other treatment related matters with you. You have the right to request that messages not be left on voice mail or sent to a particular address.

IV. CLIENT'S RIGHTS AND PROVIDER'S DUTIES

Client's Rights:

§ **Right to Request Restrictions –**You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Provider will consider your request but is not required to accept it. Any agreements regarding restrictions must be documented in writing.

§ *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations –* You have the right to ask to receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a therapist. Upon your request, your bills will be sent to another address or faxed, if we agree.)

§ *Right to Inspect and Copy –* You have the right to inspect or obtain a copy (at your expense) of PHI and psychotherapy notes in Provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record.

§ *Right to Amend –* If you believe there is an error in your PHI or that information is missing, you have the right to request that the PHI be amended for as long as the PHI is maintained in the record. Provider will consider but may deny your request.

§ *Right to an Accounting –* You generally have the right to receive an accounting of disclosures of PHI for which you have provided neither consent nor authorization (as described in Section III of this Notice).



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§ *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice upon request.

Provider’s Duties:

§ Provider is required by law to maintain the privacy of PHI, to provide you with a notice of his or her legal duties and privacy practices with respect to PHI and to notify you at your last known address of any breach in PHI.

§ Provider reserves the right to change the privacy policies and practices described in this notice. Unless Provider notifies you of such changes, however, she/he is required to abide by the terms of the notice currently in effect.

§ If policies and procedures are revised, the Provider will provide you with a copy of the revisions at your next appointment after the effective date of the change.

V. QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision made about access to your records or have other concerns about your privacy rights, you may contact Amanda Sherry, MA, LPCC-S / Ohio Counseling Services LLC at the address indicated on this notice. If you believe that your privacy rights have been violated and wish to file a complaint with this office, you may send your written complaint to Amanda Sherry, MA, LPCC-S / Ohio Counseling Services LLC at the address indicated on this notice. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for exercising your right to file a complaint regarding concerns about privacy rights violations with this office or with the Department of Health and Human Services.

VI. EFFECTIVE DATE, RESTRICTIONS AND CHANGES TO PRIVACY POLICY

The effective date of this notice is June 1, 2023. Provider reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Provider maintains, including information collected before the change. Should the terms of this notice change, the new notice will be posted at Provider’s place of business.



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