**Ganey Counseling & Consultation**

**660 Newtown-Yardley Road**

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**Newtown, PA 18940**

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***HIPAA Notice of Privacy Practices Statement***

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

All information describing your mental health treatment and related health care services is personal and we at Ganey Counseling & Consultation (GCC) are committed to protecting the privacy of the personal and mental health information you disclose to us. This information is referred to as personal health information (PHI) and we are required by law to maintain the confidentiality of information that identifies you and the care you receive. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy too. We must also provide certain protections for information related to your medical diagnosis and treatment, including HIV/AIDs, and information about alcohol and other substance abuse. We are required to give you this Notice about our privacy practices, your rights and our legal responsibilities.

Personal Health Information (PHI) obtained in this setting may include but is not limited to the following examples:

* Name, address, and birth date
* Personal history pertaining to childhood, schooling, work or marriage
* Past, present, or future physical, or mental health
* Reasons for therapy, diagnosis, treatment plan, progress notes, records received from others who have provide past treatment, psychological test scores, and other reports
* Current or past use of medication
* Legal matters
* Billing and insurance information

**WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:**

* For TREATMENT Purposes. We may give information about your psychological condition to other health care providers to facilitate your treatment, referrals or consultations.
* For PAYMENT purposes. We may contact your insurer to verify what benefits you are eligible for, to obtain prior authorization, and to receive payment from your insurance carrier. This may involve releasing information to insurance companies about your diagnosis, treatment, and the changes we expect.
* For APPOINTMENTS AND SERVICES. We may use your contact information to remind you of an appointment, tell you about treatment alternatives or health related benefits or services.

**DISCLOSURE REQUIRING YOUR WRITTEN AUTHORIZATION:**We may use or disclose personal health information (PHI) for purposes not described in this notice only with your written authorization. This would be authorization to release specific information to a specific person or organization.

If you do authorize GCC to use or disclose your information you can revoke (cancel) that permission, in writing, at any time. After that time, GCC will not use or disclose your information for the previously agreed purposes. It must be noted, however, that GCC cannot take back any information that has already been disclosed with your permission

Limitations on revoking an authorization may exist 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.

**WE MAY USE YOUR MENTAL HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION:**

* As REQUIRED BY LAW when required or authorized by other laws, such as the reporting of child abuse, elder abuse or dependent adult abuse.
* For HEALTH OVERSIGHT ACTIVITIES to governmental, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil, administrative or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with law.
* In JUDICIAL PROCEEDINGS in response to court/administrative orders, subpoenas, discovery requests or other legal process.
* To PUBLIC HEALTH AUTHORITIES to prevent or control communicable disease, injury or disability, or ensure the safety of drugs and medical devices.
* To LAW ENFORCEMENT for example, to assist in an involuntary hospitalization process.
* To THE STATE LEGISLATIVE SENATE OR ASSEMBLY RULES COMMITTEES for legislative investigations.
* For RESEARCH PURPOSES subject to a special review process and the confidentiality requirements of state and federal law.
* To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY of an individual. We may notify the person, tell someone who could prevent the harm, or tell law enforcement officials.
* To PROTECT CERTAIN ELECTIVE OFFICERS including the President, by notifying law enforcement officers of potential harm.
* To WORKERS COMPENSATION as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

**YOU HAVE THE FOLLOWING RIGHTS:**

* To Receive a Copy of this Notice when you obtain care.
* To Restrict Certain Disclosures.
You have the right to restrict certain disclosures of protected health information to health plans/insurance companies if you choose to pay out of pocket in full for the health care service you are receiving.
* To Request Restrictions.
You have the right to request a restriction or limitation on the mental health information we disclose about you for treatment, payment or health care operations. You must put your request in writing. We are not required to agree with your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.
* To Inspect and Request a Copy of Your Mental Health Record or the record of your child (under age 14) or legally dependent adult except in limited circumstances.
You must put your request for a copy of your records in writing. Following your request you can expect GCC to accept or deny your request in writing within 30 days. If you are denied access to your mental health record for certain reasons, we will tell you why and what your rights are to challenge that denial. If necessary, GCC may request identifying documents to verify your identity or your authority to have access to another’s records**.**
* To Request an Amendment and/or Addendum to your Mental Health Record.
If you believe that information is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record) of no longer than 250 words for each inaccuracy. Your request for amendment and/or addendum must be in writing and give a reason for the request. We may deny your request for an amendment if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy, or if the information is already accurate and complete. Even if we accept your request, we do not delete any information already in your records.
* To Receive An Accounting of Certain Disclosures we have made of your mental health information.
You must put your request for an accounting in writing.
* To Request That We Contact You By Alternate Means.

For example, you may request that we contact you by fax versus mail, at a specific telephone number or at alternate locations. Your request must be in writing, and we must honor reasonable requests.

* To File a Complaint.
You have the right to complain to GCC or the Department of Health and Human Services should you come to believe that your privacy rights have been violated.

**BUSINESS ASSOCIATES**

GCC may occasionally rely on certain persons or entities, which are not employed by GCC to provide services on our behalf. These persons could include billing services, collection agencies, credit card companies, or lawyers. Should these persons perform a service that requires the disclosure of identifiable health information, they would be considered under the Privacy Rule to be GCC’s Business Associate. In such an occurrence, GCC would enter into a written agreement with each business associate requiring the business associate to safeguard the privacy of PHI of GCC clients. GCC will rely on the business associate to maintain confidentiality of PHI but should there be a breach of confidentiality, GCC will act promptly to remedy the issue. If GCC’s attempt to remedy the breech is not successful, then we will terminate the business associate contract, or if termination is not feasible, GCC will report the problem to the Department of Health and Human Services.

**EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO THIS NOTICE:**

This notice will go into effect on January 1, 2014.

GCC obtains the right to deny your request to access copies of either you or your child’s psychotherapy notes when it may, in our professional opinion, pose harm to either you or your child’s mental health. Such denials may be considered final and not reviewable by another licensed health care professionally, typically designated as a reviewing official, when information is compiled in reasonable anticipation of, or for use, in a legal or administration action of proceeding and when someone other than a health provider provides information about you or your child under a promise of confidentiality and the access to the requested information would be reasonably likely to reveal the source of the information. However, you may request and are entitled to a review of my denial by another licensed health care professional for access to other information contained in your medical record when I deny access if:

* In the exercise of my professional judgment I determine that access to the record is likely to “endanger the life or physical safety” of you, the client, or another person.
* The requested information makes reference to another person (other than another healthcare provider) and in the exercise of my professional judgment I determine that access is “reasonably likely to cause substantial harm” to this person.
* A personal representative for you or the client has requested access to the record and in the exercise of my professional judgment I determine that access is “reasonably likely to cause substantial harm” to you or another person.

Should you choose to request a review of GCC’s denial of your request, GCC will provide you with the steps necessary to request a review.

By law, Ganey Counseling & Consultation is required to follow the terms in this privacy notice. GCC has the right to change the way your personal health information is used and given out. If GCC makes any changes to the way your PHI is used and given out while you are a current client at GCC, you will get a new notice, directly or by mail, within 60 days of the change. A copy of the current Notice will be posted on the GCC website: http://Ganeycounseling.com.

**CONTACT INFORMATION:**

If you want more information about our privacy practices or have questions or concerns, please feel free to speak directly to your therapist or contact Dr. Ganey directly at 215.860.2525 or by email at DrGaney@comcast.net. You may also seek more information or submit a complaint to the U.S. Department of Health and Services at HHS.gov or by calling HHS directly at (202) 619-027. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us.