

**CURETON COUNSELING & CONSULTING, LLC**  
**NOTICE OF PRIVACY PRACTICES**

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

PUBLICATION DATE: 10/1/2012 EFFECTIVE DATE: 10/1/2012

Protected mental health information about you is maintained as a record of your contacts or visits for mental health care services with Cureton Counseling & Consulting, LLC. Specifically, “protected mental health information” is information about you, including demographic information (i.e., name, address, phone, etc.) that may identify you and relates to your past, present or future mental health condition and related health care services.

Cureton Counseling & Consulting, LLC is required to follow specific rules on maintaining the confidentiality of your protected mental health information, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected mental health information. It also describes how we follow applicable rules, use and disclose your protected mental health information to provide your treatment, obtain payment for services you receive, manage our mental health care operations and for other purposes that are permitted or required by law.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our notices at any time. The new notice will be effective for all protected mental health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next appointment.

**Your Rights Under the Privacy Rule:**

Following is a statement of your rights under the Privacy Rule in reference to your protected mental health information. Please feel free to discuss any questions with our Privacy Officer.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices – We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. If needed, new versions of this notice will be effective for all protected mental health information that we maintain at that time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised Notice of Privacy Practices be sent to you in the mail or ask for one at the time of your next appointment.

You have the right to authorize other use and disclosure – This means you have the right to authorize or deny any other use or disclosure of protected mental health information that is not specified within this notice. You may revoke an authorization at any time in writing, except to the extent that your counselor or our office has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to designate a personal representative – This means you may designate a person with the delegated authority to consent to or authorize the use or disclosure of protected mental health information.

You, the client, have a legal right to information in your file. This includes dates of service, diagnosis, treatment plan, summary information and testing summary information. Information that is considered to be “a work in progress” (i.e., session progress notes, raw data from testing) is not held to the same legal requirement. Session progress notes can, however, be released to a client if requested in writing and deemed appropriate by the counselor.

You have the right to request a restriction of your protected mental health information – This means you may ask us, in writing, not to use or disclose any part of your protected mental health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected mental health information not be disclosed to family members or friends who may be involved in your care or for notification purposes to you as

described in the Notice of Privacy Practices. In certain cases we may deny your request for a restriction as stated in the “Confidentiality and Client Rights” section of the Client Information sheet regarding limits of confidentiality.

You have the right to request an amendment to your protected mental health information – This means you may request an amendment of your protected mental health information for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

You have the right to request a disclosure accounting – This means that you may request a listing of disclosures that we have made of your protected mental health information to entities or persons outside of our office.

### **How We May Use or Disclose Protected Health Information.**

Following are examples of uses and disclosures of your protected mental health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment** – We may use and disclose your protected mental health information to provide, coordinate, or manage your mental health care and any related services. This includes the coordination or management of your mental health care with a third party that is involved in your care and treatment. For example, we would disclose your protected mental health information, as necessary, to a physician who may be involved in your care and treatment.

We may also call you by name in the waiting room when your counselor is ready to see you. We may use or disclose your protected mental health information, as necessary, to contact you to remind you of your appointment.

**Payment** – Your protected mental health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the mental health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Healthcare Operations** - We may use or disclose, as needed, your protected mental health information in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, and auditing functions. It also includes education, provider credentialing, certification, underwriting, rating, or other insurance-related activities. Also, it includes business administrative activities such as customer service, compliance with privacy requirements, internal grievance procedures, due diligence in connection with the sale or transfer of assets, and creating de-identified information.

### **Other Permitted and Required Uses and Disclosures.**

We may also use and disclose your protected mental health information in the following instances as outlined below. You have the opportunity to agree or object to the use or disclosure of all or part of your protected mental health information.

**As Required by Law** – As referenced in the “Confidentiality and Client Rights” section of the client information sheet, we may use or disclose your protected mental health information to the extent that is required by law.

**For Workers’ Compensation** – Your protected mental health information may be disclosed as authorized to comply with workers’ compensation laws and other similar legally established programs.

**Required Uses and Disclosures** – Under the law, we must make disclosures about you when required by the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

**Complaints** – You may complain 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.