

Constellation Counseling LLC

8 Sycamore Drive Suite F Greenville, SC 29607

864-894-2540

hpauls@greenvilletherapygroup.com

NOTICE OF PRIVACY PRACTICES

Greenville Therapy Group is a collective of counselors who operate independently from each other. Your provider, Haley Pauls, is the sole owner and operator of Constellation Counseling, LLC. Paperwork (i.e. billing documents, school notes, practice policies, etc) may reflect either or both Greenville Therapy Group or Constellation Counseling. Please reach out if you have questions.

Constellation Counseling is committed to protecting health information about you. Your provider creates a record of the care and services you receive. This record insures quality care and is in compliance with legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice is intended to inform you about the ways your provider may use and disclose health information. Your provider is required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private
- Give you this notice of legal dues and privacy practices with respect to health information
- Follow the terms of the notice currently in effect
- Your provider may change the terms of this notice and such changes will apply to all information about you. This new notice will be posted to your client portal.

USE AND DISCLOSURE OF HEALTH INFORMATION

The following categories describes ways that your provider may use and disclose health information. All of the ways your provider is permitted to use and disclose information will fall within one of the categories below:

For Treatment Payment, or Health Care Operations: Federal privacy rules allow health care providers who have direct treatment relationship with the client to use or disclose the client's PHI without their written authorization, to carry out the provider's own treatment, payment or health care operations. Information may also be disclosed to the treatment activities of any health care provider. Disclosures for treatment purposes are not limited to the

minimum necessary standard. The word “treatment” includes, but is not limited to, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, your provider may disclose health information in response to a court or administrative order. Information may also be disclosed about your child in response to a subpoena, discovery request, or other lawful process. Every effort will be made to tell you about the request or obtain an order protecting the information requested.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

1. **Psychotherapy notes:** Your provider keeps “psychotherapy notes”, kept separate from your medical record. Release requires your authorization unless the use or disclosure is:
 - a. For your provider’s use in your treatment.
 - b. For use of training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling.
 - c. For your provider’s use in defending themselves in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes:** Your provider will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI:** Your provider will not sell your PHI in the regular course of my business.

USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.

3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence of counter-intelligence operations; or, helping ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain and Authorization from you.
10. Appointment reminders and health related benefits or services.

USES AND DISCLOSURES YOU MAY OBJECT TO

Disclosures to family, friends, or others. Your provider may provide PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. Please note that if your clinician is concerned for your safety, they may at their own discretion communicate with your emergency contact only to ensure your wellbeing. The opportunity to consent may be obtained retroactively in emergency situations.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

1. The right to request limits on uses and disclosure of your PHI: You have the right to ask your provider not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your provider has the right to decline your request if they believe it would affect your health care.
2. The right to request restrictions for out-of-pocket expenses paid in full: You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes of PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The right to choose how your provider sends PHI to you: You have the right to ask your provider to contact you in a specific way or to send mail to a different address. Your provider will agree to all reasonable requests.
4. 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 your provider has about you. Your provider will supply a copy of your record, or summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and may charge a reasonable, cost-based fee for doing so.
5. The right to get a list of disclosures your provider has made: You have the right to request a list of instances in which your provider has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization. Your provider will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list provided will include disclosures made in the last six years unless you request a shorter time. Your provider will supply the list at no charge, but if you make multiple requests in the same year, will charge you a reasonable, cost-based fee for each additional request.
6. The right to correct or update your PHI: If you believe there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that your provider corrects the existing information or adds the missing information. Your provider may decline your request but will supply a written explanation within 60 days of receiving your request.
7. 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 of it.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By your signature, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.