



2. Privacy Policies

Required HIPAA Notice of Privacy Practices

This document outlines the privacy policies of Come Together Counseling. The goal of this document is to elaborate on what information you provide is protected, and how it is protected.

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

PHI refers to information that can be used to identify you which I have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of the health care. I must provide you with this notice about my privacy practices and such notice must explain how, when, and why I will “use” and “disclose” your PHI. A “use” of PHI occurs when I share, examine, give, or otherwise divulge to a third party outside of my practice.

With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. I am legally required to follow the privacy practices described in this notice; however, I reserve the right to change the terms of the notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this notice and post a new copy of it under the “Forms” tab on my website.

Section I: Confidentiality

As a rule, I will disclose no information about you, or the fact that you are my client, without your written consent. My formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis (if applicable), symptoms, prognosis and progress. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. In this case you would sign a Release of Information form, indicating who you are permitting me to share information with, and what information you would like us to discuss. If you do this I will make multiple attempts to share information with your other provider, with my first attempt coming up to one week after your request. You may revoke your permission any time by contacting me.

Your PHI will not be sold or used for marketing purposes.

Email, text, and phone calls are not necessarily secure. For this reason, all communications we might engage in that include PHI should be through the My Clients Plus portal. You are however welcome to schedule via email, text, or phone call.

I will take reasonable measures to ensure the safety of your information which is stored via my HIPAA compliant EHR (electronic health records) platform, My Clients Plus. These measures include: logging out when not in use, changing password of 10+ characters, numbers, and letters every 6-12 months and not writing them down or sharing them, not disclosing your PHI to people uninvolved in your care, submitting PHI to you only through the My Clients Plus portal.

It is still possible that there might be a breach of your PHI due to unforeseen circumstances or the tampering by nefarious actors beyond which I can reasonably expect. If I discover that your PHI has been compromised, I will inform you within three business days.

Sensitive information, such as your psychotherapy notes, HIV status, or history of substance use will not be disclosed without a signed order by a judge or your written consent.

Section II. Limits of Confidentiality

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

Emergency. If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you. This information will be shared with your emergency contact or emergency services, depending on the situation.

Child Abuse Reporting. If I have reason to suspect that a child is abused or neglected, I am required by Pennsylvania law to report the matter immediately to the Pennsylvania Department of Human Services.

Adult Abuse Reporting. If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Pennsylvania law to immediately make a report and provide relevant information to the Pennsylvania Department of Human Services.

Court Proceedings. If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena. In Pennsylvania civil court cases, therapy information is not protected by patient-therapist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be "necessary for the proper administration of justice." Protections of privilege may not apply if I do an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety. Under Pennsylvania law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, I can be required to provide your records to the magistrate, your attorney or guardian ad litem, a DHS/CYS evaluator,

or a law enforcement officer, whether you are a minor or an adult.

Workers Compensation. If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Records of Minors. Pennsylvania has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records; and DHS/CYS evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents or child. In the case of a minor above the age of 14 who is consenting to therapy without their parents' involvement, their records are kept confidential as if they were an adult. Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

Section III. Client's Rights and Provider's Duties

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information I disclose in the Release of Information form.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to request and 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 me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voicemail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

Right to an Accounting of Disclosures. You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, I will discuss with you the details of the accounting process

Right to Inspect and Copy. I'll ask you during our intake session if you would like a copy of my psychotherapeutic notes after our sessions for you to receive regularly as we meet. After this and regarding other records, you have the right to inspect and copy your medical and billing records. To do this, you may submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and mailing, however I would not charge a fee for electronic transfer of records. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

Right to Amend. If you feel that the protected health information I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing, and submitted to me.

Right to a Copy of this Notice. You have the right to a copy of this notice. You can find an up to date copy of this notice at any time under the "Forms" tab of my website www.cometogethercounseling.net.

Changes to this Notice: I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you may

email me renya@cometogethercounseling.net or my supervisor, Brandy DeFiglio brandydefigliomft@gmail.com.
You may also send a written complaint to the U.S. Department of Health and Human Services.

EFFECTIVE DATE: Updated April 15, 2022