

**NOTICE OF PRIVACY PRACTICES and DISCLAIMER OF
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The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Certain health care providers are required to develop a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health care providers and exercise their rights.

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

I HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

i am required to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. I must give you notice of our legal duties and privacy practices concerning PHI:

- I must protect PHI that I have created or received about your past, present, or future health condition, health care I provide to you, or payment for your health care.
- I must notify you about how I protect PHI about you.
- I must explain how, when and why I use and/or disclose PHI about you.
- I may only use and/or disclose PHI as I have described in this Notice.

This Notice describes the types of uses and disclosures that I may make and gives you some examples. In addition, I may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice.

I am required to follow the procedures in this Notice. I reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that I maintain by first notifying of such changes in this website.

I MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

I may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state, or local law or other judicial or administrative proceeding.
- When I believe a client's personal safety is threatened or a client presents a serious danger of violence to another, I am required to take protective actions.
- When there is actual or suspected abuse or neglect of child, vulnerable adult and/or the elderly I am required by law to report to the Department of Social Services or local law enforcement agency.
- When a client is referred to an inpatient facility, or wishes an active referral to another counselor, I may disclose PHI about the client as part of the referral process

EXAMPLE: If a client tells me of a minor child or a handicapped adult who is being neglected or abused, I must make a report to Adult Protective Services at the Department of Social Services and possibly call the police or sheriff.

ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, I will ask for your written authorization before I use or disclose PHI about you. If you sign a written authorization allowing me to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, I will not disclose

PHI about you after I receive your cancellation, except for disclosures which were being processed before I received your cancellation.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. I may charge you related fees. Instead of providing you with a full copy of the PHI, I may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which I am not required to comply with your request. Under these circumstances, I will respond to you in writing, stating why I will not grant your request and describing any rights you may have to request a review of our denial.

Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

DISCLAIMER

I am unaware of any circumstances in which any person has ever been harmed either by talking with me, by phone, Skype, or any other method, or by participating in any of the modalities described in this website or any other therapy modalities. However, this does not mean that you will not be harmed by participating in any of these activities. Consenting to a session with me by clicking on the "Submit Button" on the "Book Session" page signifies that you agree to take full responsibility for your health and wellbeing and hold me entirely harmless in relation to any sessions we may have together, now or at any time in the future.