

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW KEEP MOVING FORWARD COUNSELING (“Practice,” “Provider”, “we”, “ or “us”) may disclose health information about you and describes your rights and certain obligations we have regarding the use and disclosure of your health information. This notice also describes how you may get access to his information.

PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from Keep Moving Forward Counseling. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in the office, and on the website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that your therapist uses and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways your therapist is permitted to use and disclose information will fall within one of the categories.

For Treatment, collection of fees owed to the provider, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, recovery of payment, or health care functions necessary for operations.

Your therapist may also consult with other treatment professionals in order to collaborate and provide you the best possible treatment and care. Any identifying information is withheld to protect your privacy with the exception of treatment collaboration and coordination that may be related to a referral for additional medical or mental health services.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, 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 health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, your therapist may disclose health information in response to a court or administrative order. Your therapist may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved

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in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** Your therapist does keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For your therapist’s use in treating you. b. For your therapist’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For your therapist’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. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. Required by a coroner who is performing duties authorized by law. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** As psychotherapists, we will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As psychotherapists, we will not sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

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. **Emergencies.** Sufficient information to address an immediate emergency you are facing.
3. **Imminent Risk to Self or Others.** We may disclose health information about you if an expression of harm to self or others that is deemed imminent is disclosed to the therapist by yourself or another party concerning your actions. This would include threats to seriously or fatally harm your self or someone else.
4. **Child Abuse.** We may disclose health information about you related to the suspicion of child abuse or neglect to the appropriate authorities as mandated by state and federal laws. This would include suspicion of pornography or other online sexual content related to the use of a minor.
5. **Elder Abuse.** We may disclose health information about you related to the suspicion of elder abuse or neglect to the appropriate authorities as mandated by state and federal laws.
6. **Criminal Activity or Danger to Others.** We may disclose health information if a crime is committed on our premises or against our personnel.
7. 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.
8. For health oversight activities, including audits and investigations that are required by insurance or other government authorities to monitor the health care system and assure compliance with civil rights laws. The minimum necessary information will be provided in these instances.
9. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
10. To coroners or medical examiners, when such individuals are performing duties authorized by law.

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11. 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.
12. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
13. Business Associates. The Practice may disclose the minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, the Practice contracts with a vendor for filing claims with insurance companies. In the process of filing claims, that organization will come into contact with your information. We also contract with a vendor that collects and manages internet or other electronic network activity on our sites and services and internally encodes it so that we can determine and manage information that might be health information. All of our business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
14. Appointment reminders and health related benefits or services. we may use and disclose your PHI to contact you to remind you that you have an appointment with me. Your therapist may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that he/she offers.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. your therapist may provide your 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. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the 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 We Send PHI to You. You have the right to ask your his practice and your therapist to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we 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 we have about you. Your therapist will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures Your Therapist Has Made. You have the right to request a list of instances in which your therapist has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided your therapist with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of

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receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. Your therapist will provide the list to you at no charge, but if you make more than one request in the same year, you may be charged a reasonable cost based fee for each additional request.

6. **The Right to Correct or Update Your PHI.** If you believe that 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 we correct the existing information or add the missing information. We or your therapist may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right 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.

HOW YOUR RECORDS ARE STORED

Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically or in a paper file and secured and locked on premises in accordance with HIPAA guidelines. You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, please discuss this with the therapist. Under limited circumstances you may be denied your request to inspect and copy records if it is deemed by the provider that such access to information is deemed potentially harmful to the client. If you ask for a copy of any information, you may be charged a reasonable fee for the costs of copying, mailing and supplies. Clinical records, psychotherapy notes and other disclosures require a separate signed release of information. You have a right to or will receive notification of a breach of any unsecured personal health information. You have a right to restrict any disclosure of personal health information where you have paid for services out-of-pocket and in full.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 08/24/2020, and updated on 09/01/2024

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 checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

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