

Notice of Privacy Practices and Client Responsibilities Vernam Counseling Services, LLC

Contact Information

<https://vernamcounseling.clientsecure.me/>

Utilize client portal via the above link for all communication.

Purpose of Notice

This notice describes how Vernam Counseling Services, LLC uses and discloses your health information and how you can access your health information created by Vernam Counseling Services, LLC. This notice also details your responsibilities as a client. A copy of this notice is available on the above website.

How will Vernam Counseling Services, LLC use and disclose your protected health information?

Vernam Counseling Services, LLC prioritizes safeguarding your protected health information (PHI) by maintaining all ethical and legal standards of confidentiality for mental health records. Vernam Counseling Services, LLC will only disclose PHI with your written consent or for purposes allowed by law which may not require your written consent. How we safeguard your privacy and confidentiality are detailed below.

1. For Treatment

We do not release treatment records or your PHI without your written authorization unless it is an emergency. For example, if you were considered a danger to yourself or others, we might contact 911 and your emergency contact to assist us in keeping you and others safe. We might release treatment records and PHI to the admitting hospital without your consent in emergency situations to protect you or others from harm.

2. To Obtain Payment for Our Services

We will use and disclose necessary PHI to bill and collect payment for services we provide to you, such as insurance id number, diagnoses, length of treatment, etc.

3. To Identified Emergency Contact

All clients provide an emergency contact to us should an emergency arise while you are receiving services. For example, if you were to suffer a seizure during a session, we would call 911 and your emergency contact so you could receive emergency medical treatment. We would disclose only the information necessary to assist in your care. You have the right to refuse contacting of your emergency contact; however, we would contact 911 so you can receive emergency care.

4. For Agency Operations

We will use your health information to send appointment reminders, invoices, and completion of documents. You have the right to choose where and how we send these reminders and requests. We may use your health information to assess the quality of services. We may need to provide health information to attorneys or insurance companies, who also uphold confidentiality, to ensure we uphold the law or if there is a legal proceeding. We may share health information as part of supervisory or consultation practices to insure you are receiving quality care. These disclosures are limited to only necessary information.

5. To Avoid Harm

If we deem there is a foreseeable harm to yourself or others, we may release health information to police or others who may be able to assist in preventing or lessening the foreseeable harm.

6. For Disclosures Required by State, Federal, or Local Law for Judicial Business

If our agency or staff of our agency receive a court ordered subpoena to share your health information, we are required to comply with that court order. We will release the least amount of information possible and notify you of the court order.

7. For Mandated Reporting

We are required by law to report disclosures (first or second hand) of abuse to vulnerable persons, such as the elderly, disabled individuals, and minors. A minor is anyone under the age of 18 years at the time of the disclosure. We are also required to report disclosures (first or second hand) of past abuse of a current minor. Reports are made to the appropriate agency, such as ChildLine, Area on Aging, or the police.

8. For Workers' Compensation

We may provide your health information to comply with workers' compensation law if your treatment is related to a workplace injury and you are seeking workers' compensation.

What rights do you have related to your treatment, confidentiality, and privacy related to your mental health records?

Vernam Counseling Services, LLC prioritizes educating you on your treatment rights as your rights to privacy and confidentiality. These rights are detailed below.

1. Right to Know What and How We Disclose Your PHI

You have the right to ask us what and how we will release your health information. For example, if you request communication with your family doctor to assist with medication evaluation, you have the right to know what we will say in the letter to your family doctor and how we will communicate that information to your family doctor. You can also request a list of disclosures made by our agency.

2. Right to Request Limits on What Disclose

If you request that we communicate with your family doctor, you have the right to request that we only release certain information. The details of what is to be released are listed on the request for information form that you will sign.

3. Right to Choose How We Contact You

4. Right to See or Get a Copy of your PHI

In most cases, you have the right to look at or get a copy of your treatment record and health information that was created by our agency. You make the request in writing. We are to respond within 30 days of your request. Typically, your counselor will discuss the request and access details with you. We may charge on a page basis for copies of records. We may charge for time spent preparing a summary of treatment. These fees are due before release of the records.

5. Right Ask to Correct or Update your Health Information

If you believe there is a mistake in your health information or that a piece of information is missing, you have the right to request we correct or update your record. This request is to be made in writing and we have 30 days to respond.

6. Right to Receive Treatment without Discrimination for Race, Ethnicity, Gender, Religious Beliefs, or Culture

What are your responsibilities as a client?

Vernam Counseling Services, LLC believes that all humans can heal and change. As a client seeking mental health services, you have certain responsibilities related to your treatment.

- 1. Go to the hospital or call 911 immediately if you have thoughts to harm yourself or others.**
- 2. Express as soon as possible if you have concerns related to your counseling.**
- 3. Be prepared to make changes in your life to improve your mental health.**
- 4. Educate yourself on your diagnosis and actively engage in your treatment planning.**
- 5. Notify the agency of cancellations at least 24 hours in advance unless it is an emergency.**
- 6. If clients do not attend for appointments or have a history of cancelling appointments (three in a row or four in a two-month period), we may discharge you from our care.**
- 7. Clients are discharged when they have met treatment goals according to their treatment plan.**

Acknowledgement of Receipt of Privacy Notice

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. 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.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.