

Barbara Wyer, MMFT

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Privacy Policy

Your Rights as the Client

You are entitled to information about any procedure, method of therapy, techniques, and possible duration of therapy upon your request. You have the right to decide not to receive therapeutic assistance from me or to get a second opinion from another therapist. I will provide you with the names of other qualified professionals whose services you might prefer.

You have the right to expect confidentiality within the limits described as follows. There are certain situations in which I am required by law without your permission to reveal information obtained during therapy. These situations are: (a) if you threaten bodily harm or death to yourself or another person; (b) if I am compelled by a court of law; (c) if you reveal information relating to physical abuse, sexual abuse, or neglect of a child or elderly person. With respect to abuse or neglect, I am not permitted to investigate if the information is true or not as a “mandatory reporter” and must report any information. Also, I may discuss certain aspects of our sessions in consultation or case presentations with other therapists and helping professionals. Your surnames and other identifying information are not disclosed. Everything discussed in consultation is confidential. The purpose is to aid and enhance our counseling sessions.

In addition, for couple’s counseling and family counseling, I maintain a “no secrets policy.” I believe that secrets hinder the intimacy building process. Therefore, anything one partner tells me outside the presence of the other partner or discovered outside the counseling office may be discussed with either partner based on my professional judgment. In any case, the partner with the secret will be given the opportunity to disclose the information within his/her own timeframe, before our next joint session.

You have the right to end therapy at any time without any moral, legal, or financial obligation other than those obligations already accrued including, but not limited to, the right to pay for services already rendered and cancellation fees.

See the “Notice of Privacy Practices” for further explanation of how the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule applies to counseling. If you request in writing, your records can be released to any person or agency you designate (note that consent from all clients in the treatment group is needed for a release of records). Also, you may authorize me, in writing, to consult with another professional about your therapy.

I may not always be immediately available to you. If you are having thoughts of suicide and are unable to speak with me, please contact the crisis hotline at 615-244-7444, the National Suicide Prevention hotline at 800- 273-TALK (8255), or 911 or go to the nearest emergency room.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of client information, provide for the electronic and physical security of health and

client medical information, and simplify billing and other electronic transactions by standardizing codes and procedures. A piece of this law is known as the HIPAA Privacy Rule. The HIPAA Privacy Rule creates a minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health care organizations. One of the requirements of the Privacy Rule is that I give to you a Notice of Privacy Practices (NPP) that describes your rights and protections regarding your health care records (PHI). You may request a copy (paper or electronic) of this notice at any time. This document describes how your PHI, as a client of Barbara Wyer, may be used and disclosed.

Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your "Designated Medical Record" as well as some material known as "Psychotherapy Notes" which are not available to outside sources and in some cases, not to the client. HIPAA provides privacy protections about your personal health information (PHI) that could personally identify you. PHI consists of three components: treatment, payment, and health care operations.

A. Commitment to Privacy

I know how important your PHI is and I am committed to respecting and protecting it. In conducting sessions, I will create notes regarding you and your treatment. I am required by law to maintain the confidentiality of all PHI that identifies you.

The terms of this notice apply to all records containing your PHI that are created or retained by me. I reserve the right to revise or amend this notice at any time. Any revision or amendment to this notice will be effective for all your past records that I have created or maintained as well as any records that may be created or maintained in the future.

B. Uses and Disclosures of Mental Health Information

Treatment: I may discuss certain aspects of our sessions in consultation. I may use or disclose your PHI to a physician or other healthcare provider where you are also going for treatment in order to coordinate care.

Payment: I may use and disclose your PHI in the billing process to obtain payment for the services provided to you.

Mental Health Care Operations: I may use and disclose your protected PHI for mental health care operations, which will include internal administration such as record keeping, billing, appointment setting and reminders, voicemail messages to you and mailings to your home address.

Your Authorization: In addition to my use of your PHI for treatment, payment or operations, you may also give me written authorization to use your PHI or to disclose it to anyone for any purpose. If you give me an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your PHI for any reason except those defined in this notice.

Required by Law: I may use or disclose your PHI when I am required to do so by law. This would include responding if a court of law issues a legitimate court order, reporting child or elder abuse and/or neglect

to the authorities authorized by law to receive such reports, and disclosure of your PHI to the extent necessary to avert a serious threat to your own safety and health and/or the safety and health of others.

C. Use and Disclosure Requiring Your Written Authorization

I will not use or disclose your confidential information for any purpose other than the purposes described in the notice, without your written permission. For example, I would not supply confidential information to a family member, a research organization or to a prospective employer without your signed consent / request.

D. Individual Rights

1. Access - You have the right to look at or get copies of your PHI in the designated medical record, with limited exceptions (i.e., where assessments designate the use by clinicians only, psychotherapy notes and information compiled in anticipation of litigation, etc.) as long as the PHI is maintained in the record. The charge for requested copies is 50 cents per page, our agreed upon rate per hour for time to locate/copy the PHI and the required postage should you want the copies mailed to you. In recognition of the importance of the confidentiality of conversations between the counselor and the client in treatment settings, HIPAA permits keeping “psychotherapy notes” separate from the overall “designated medical record.” “Psychotherapy notes” are not the same as your “progress notes” which provide general information about your care and progress each time you have an appointment.

2. Right to Request Additional Restrictions - You may request restrictions on my use and disclosure of protected PHI for treatment, payment, or mental health care operations in addition to those explained in the notice. All requests for such restrictions must be made to me in writing. While I will consider all requests for additional restrictions carefully, I am not required to always agree with the additional requested restriction.

3. Right to Receive Confidential Communications - You may request and I will accommodate any reasonable request that you receive protected PHI by an alternative means of communication.

4. Disclosure Accounting - I will inform you if I disclose your PHI. You have the right to receive a list of instances in which I have disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities.

5. Right to Amend Your Records - You have the right to request that I amend your PHI. Your request must be in writing and it must explain why the information should be amended. I may deny your request under some circumstances.

Questions and Complaints

If you are ever concerned that I may have violated your privacy rights, or you disagree with a decision I have made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have me communicate with you by alternative means or at alternative locations, you may complain to me using the contact information listed at the beginning of this notice. You also may submit a written complaint to the U. S. Department of Health and Human Services (address provided upon your request).