

Notice of Privacy Practices

HOME BODY COUNSELING, PLLC

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on SEPT 4, 2021.

NOTICE OF PRIVACY PRACTICES

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

Sarah Gallup, LPC is committed to maintaining and protecting the confidentiality of her clients personal and sensitive information. I realize that information about you and your mental health is personal. For this reason, I follow strict federal and state guidelines to maintain the confidentiality of your health information and continuously seek to safeguard that information through administrative, physical and technical means. By 'health information' I mean information that identifies you and relates to your medical and mental health history, care, or payments made for that care.

HOW I PROTECT YOUR PRIVACY

Sarah Gallup, LPC will not disclose confidential information without your authorization unless it is necessary to provide your health benefits, administer your benefit plan, or as otherwise required or permitted by law. I use and disclose the physical and mental health information obtained from you, or created related to you, for the normal business activities that federal law sees as falling in the categories of treatment, payment and health care operations.

Sarah Gallup, LPC protects your confidential information by implementation of processes and procedures for accessing, labeling and storing confidential records. Access to these facilities is limited to authorized personnel. I restrict internal access to your confidential information to the Sarah Gallup, LPC and employees who need to know that information to conduct business.

HOW I USE AND DISCLOSE YOUR CONFIDENTIAL INFORMATION

Sarah Gallup, LPC will not use your confidential information or disclose it to others without your authorization, except for the following purposes, and even then for the most part I will obtain a signed Release of Information form from you.

⊞ Treatment: I keep a record of each counseling session, phone consultations and inquiries. I may disclose information in the context of coordinating your care with physicians, psychiatrists, nurses, and others health related staff.

⊞ Health care operations: Health information is used to improve the services I provide, to train staff and interns, for business managements, and for quality improvement. For example, I may use your health information in clinical supervision to review the services I provide and to evaluate the performance of staff in caring for you.

⌘ Other Uses and Disclosures:

- Appointment reminders
- Recommend Treatment alternatives
- Communicate with other insurance companies, EAP agencies and Contract affiliates for treatment, payments or health care operations
- Comply with federal, state, or local laws that require disclosure
- Attempt to avert a serious threat to health or safety
- Inform authorities to protect victims of abuse or neglect Inform authorities if you are a victim of abuse, neglect or domestic violence if I believe disclosure is necessary and either you agree to the disclosure or I am required by law to make the disclosure
- Respond to law enforcement officials or to judicial orders, subpoenas or other process
- Assist in specialized government functions such as national security, intelligence and protective services.

WHAT IS THE THERAPIST'S RESPONSIBILITY?

Sarah Gallup, LPC is required by law to:

- Maintain the privacy of your health information in accordance with federal and state rules
- Provide this notice of our duties and privacy practices, and
- Abide by the terms of the notice currently in effect I reserve the right to change privacy practices, and made the new practices effective for all the information I maintain. Revised notices will be available from the counselors and will be posted. **DO YOU HAVE ANY FEDERAL RIGHTS?**

The law entitled you to:

- Inspect and copy certain portions of your health information+*. **This does not include psychotherapy notes** and I may deny your request under limited circumstances. Because this is a counseling office, psychotherapy notes are the majority of what is present in your counseling file.
- Request amendment of your health information if you feel it is incorrect or incomplete.+ If I deny the request, you can file a statement of disagreement.
- Receive an accounting of certain disclosures of your health information made after September 4th, 2021 although this excludes certain disclosures including those made for treatment, payment, and healthcare operations.+*
- Request that I restrict how I use or disclose your health information.+ (I may not be able to comply with all requests.)
- Request that I communicate with you in a certain way or at a specific address and/or phone number.+

- Obtain a paper copy of this notice if you request it.

Requests followed by a (+) must be in writing. Fees may apply to requests followed by a star ().*

Contact: Sarah Gallup, LPC if you wish to exercise these rights.

WHAT IF I HAVE A COMPLAINT?

If you believe your privacy has been violated, you may file a complaint with me or with the Secretary of Health and Human Services in Washington, D.C. I will not retaliate or penalize you for filing a complaint with the Secretary or this office.

To file a complaint with this office or receive more information contact: Sarah Gallup, LPC, Sarah@homebodycounseling.com, 737-356-2380.

To file a complaint with the Secretary of Health and Human Services, write to 200 Independence Ave., S.E., Washington, D.C. 20201 or call 1-877-696-6775.

WHO WILL FOLLOW THIS NOTICE?

This Notice describes the practices of this office and will be followed by Sarah Gallup, LPC.

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