



Dr. Alyx MacTernan, Ed.D., LPC, NBCC Notice of Privacy Practices

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.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). We must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about our privacy practices, or for additional copies of this Notice, please contact me using the information listed in this notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures Without Your Written Authorization

Elemental Mental Health may use and disclose PHI without your written authorization, excluding Psychotherapy notes as described in Section B, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

- **Treatment:** We may use and disclose PHI in order to provide treatment to you. For example, we may use PHI to diagnose and provide counseling service to you. In addition, we may disclose PHI to other health care providers involved in your treatment.
- **Health Care Operations:** We may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
- **Required or Permitted by Law:** We may use or disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, we may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.



Dr. Alyx MacTernan, Ed.D., LPC, NBCC Notice of Privacy Practices

- We are permitted without your authorization to disclose the minimum necessary PHI to collect debts from family members or friends or close associates or social service agencies who have contracted to pay your treatment costs.
- We reserve the right to contact you by phone with appointment reminders and to follow-up missed appointments and treatment aftercare. You have the right to object to this policy.

B. Uses and Disclosures Requiring Your Written Authorization

- **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your clinician and will not otherwise be used or disclosed without your written authorization. Your clinician is not required to let you review psychotherapy notes or disclose psychotherapy notes to a third party even if you request that they be released.
- **Marketing Communications:** We will not use your health information for marketing communications without your written authorization.
- **Other Uses and Disclosures:** Uses and disclosures other than those described above will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company, to a school, to your attorney or to family members or friends. You may revoke any such authorization at any time.
- If you are over 18 years old, we will not communicate with your family, friends or associates about your treatment without your written authorization except as provided in the Permissible Disclosures in Section A. If you are a spouse or partner in couples or marriage counseling, treatment related communication will be restricted to therapy sessions.

YOUR INDIVIDUAL RIGHTS

- **Right to Inspect and Copy:** You may request access to your medical record and billing records maintained by Elemental Mental Health in order to inspect and request copies of the records.
- **Written Requests Required:** All requests for access to your medical record and billing records must be made in writing. Under limited circumstances, we may deny access to your records. For example, we do not have to let you see private psychotherapy notes about your treatment or if we believe that seeing your medical record would result in a danger to your treatment. We may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.
- **Right to Alternative Communications:** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.



Dr. Alyx MacTernan, Ed.D., LPC, NBCC Notice of Privacy Practices

- **Right to Request Restrictions:** You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer, Dr. Alyx MacTernan as indicated below. We are not required to agree to any such restriction you may request.
- **Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by Elemental Mental Health after January 1, 2019. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- **Right to Request Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
- **Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer, Dr. Alyx MacTernan at any time.
- **Questions and Complaints:** If you desire further information about your privacy rights or are concerned that we have violated your privacy rights, you may contact the Privacy Officer, Dr. Alyx MacTernan.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- **Effective Date:** This Notice is effective on January 1, 2019.
- **Changes to this Notice:** We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice on the Elemental Mental Health website: <https://elementalmentalhealth.com>.
- You may also obtain any revised notice by contacting the Privacy Officer, Dr. Alyx MacTernan.

ELEMENTAL MENTAL HEALTH: NOTICE OF PRIVACY PRACTICES RECEIVED WRITTEN ACKNOWLEDGEMENT

The privacy of your health information is important to us. We will maintain the privacy of your health information and we will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.



Dr. Alyx MacTernan, Ed.D., LPC, NBCC
Notice of Privacy Practices

A federal law commonly known as HIPAA requires that Elemental Mental Health take additional steps to keep you informed about how we may use information that is gathered in order to provide health care services to you. As part of this process, we are required to provide you with the Notice of Privacy Practices and to request that you sign the written acknowledgement that you received a copy of the notice. The notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

If you have any questions about this notice please contact the Privacy Officer, Dr. Alyx MacTernan.

I acknowledge that I have been provided with a copy of the Elemental Mental Health: Notice of Privacy Practices that explains my rights and Elemental Mental Health's policies and procedures to safeguard my private healthcare information.

Client(s) or Legal Guardians:

_____ Printed Name

_____ Date

_____ Signature