

HIPAA NOTICE OF PRIVACY PRACTICES

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

Effective date: November 5, 2024

OUR COMMITMENT TO YOUR PRIVACY

Bloom Counseling LLC understands that your medical and health information is personal. In order to provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive from our providers. Your record contains personal information about you and your health. Information about you and your care that may identify you and that relates to your past, present, or future physical or mental health and related health care services is referred to as Protected Health Information (“PHI”).

Bloom Counseling LLC is and will always be totally committed to maintaining the confidentiality of the individuals we serve and the records we keep. We will only release healthcare information about you in accordance with federal and state laws and the highest ethical standards of the therapeutic profession. This Notice of Privacy Practices (NPP) is a required, but abbreviated, explanation of how the law and regulations impact you.

This notice describes our policies related to how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and regulations promulgated under HIPAA including the HIPAA Privacy and Security Rule.

Uses and disclosures of your health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

PAYMENT

We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

HEALTHCARE OPERATIONS

We may need to use information about you to review or support our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

OTHER USES AND DISCLOSURE OF YOUR INFORMATION NOT REQUIRING YOUR CONSENT

The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

- Child Abuse or Neglect, Elder abuse. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect or elder abuse.
- Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- Research. We may use or share your information to do research to improve treatments when research is approved by an institutional review board and follows established protocols to ensure the privacy of the information.
- Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- Others Involved in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical

suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

- The Secretary of the US Department of Health and Human Services. We are required to disclose your protected health information to the secretary of the US Department of Health and Human Services when the secretary is investigating or determining our compliance with HIPPA privacy regulations.
- Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Correspondence. Your information may be used by our staff to send you bills, a newsletter with information about our programs, and other correspondence. We do not release your name to others for mailing lists. Please advise the office if you do not wish to receive mailings at your home address.
- Disclosures to you. We are required to disclose to you most of your protected health information in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits.
- With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- Rights for Confidentiality in Substance Abuse Treatment
- File a complaint if you believe your privacy rights have been violated

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

DUTIES OF YOUR COUNSELOR

We are required by law to maintain the privacy of your protected health information and to provide you with the notice of privacy practices. We are also required to abide by the privacy policies and practices outlined in this notice. All members of our staff and business associates are under contract to respect our confidentiality and privacy as outlined in this notice. For security, your files are maintained and protected in a locked cabinet when not in use. We will let you know promptly if a breach may have compromised the privacy or security of your information. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required changes in federal and state laws and regulations. Whatever the reason for these revisions, we will make available in our office a revised notice. The revised policies and practices will be applied to all protected health information that we maintain.

For more information, please see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Please sign to acknowledge reading this document regarding your therapist’s privacy practices.

Signature: _____ Date: _____

Parent/Guardian (For Minor): _____ Date: _____

Witness: _____ Date: _____