THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND SHARED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. MY COMMITMENT TO YOUR PRIVACY

Your health and mental health information is personal and private. Creative Connections Counseling is committed to protecting your Protected Health Information, also called PHI.

I create and maintain records about the counseling services you or your child receive. These records are used to provide appropriate care, document treatment, coordinate services when appropriate, and meet professional and legal requirements.

I am required to:

- Protect the privacy and security of your PHI.
- Provide you with this Notice explaining my privacy practices.
- Follow the privacy practices described in the Notice currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI, as required by law.

I may update this Notice when privacy practices or legal requirements change. An updated Notice will be available upon request, in the office, and on the Creative Connections Counseling website.

2. HOW YOUR INFORMATION MAY BE USED OR SHARED

Treatment

I may use your health information to provide treatment.

When permitted by law, information may also be shared with another health care professional involved in your care when it is necessary for treatment or coordination of care.

For example, with appropriate permission or when otherwise permitted by law, I may communicate with another treating provider regarding information relevant to your care.

Because mental health information can receive additional protections under New York and federal law, Creative Connections Counseling will follow applicable confidentiality requirements when information is shared.

Payment

I may use or disclose health information when necessary to obtain payment for services.

This may include providing information to an insurance company or other payer when you have authorized or requested insurance involvement.

If you receive a superbill to submit for out-of-network reimbursement, the superbill may contain information such as your name, dates of service, diagnosis, service code, provider information, and fees.

Health Care Operations

I may use health information as reasonably necessary to operate the practice, maintain appropriate records, improve services, meet professional requirements, and carry out other lawful health care operations.

Professional Consultation and Supervision

Mental health professionals sometimes consult with other qualified professionals regarding clinical care.

When consultation or supervision is used, reasonable steps will be taken to protect your privacy and limit identifying information when appropriate.

Information shared for professional consultation or supervision will be handled in accordance with applicable privacy and confidentiality requirements.

3. CHILDREN AND ADOLESCENTS

Creative Connections Counseling provides services to children and adolescents.

Parents and legal guardians generally have rights and responsibilities concerning a minor child's treatment and health information. However, those rights may vary depending on the circumstances, the child's age, who consented to treatment, applicable New York law, and other legal requirements.

A child's therapy also requires an appropriate level of privacy for treatment to be effective.

Parents and guardians may receive information regarding matters such as treatment goals, general progress, recommendations, attendance, safety concerns, and information reasonably necessary for the child's care.

I generally do not provide parents with a detailed account of everything a child says or does during a therapy session simply because the parent requests it.

There may also be circumstances in which information must be shared with a parent, guardian, or another appropriate person because of concerns regarding the child's safety or the safety of another person.

Questions about parental access, custody arrangements, consent to treatment, or disclosure of a child's records will be handled individually and in accordance with applicable law.

4. CHILD-CENTERED PLAY THERAPY

Children often communicate differently from adults. During Child-Centered Play Therapy, children may communicate thoughts, emotions, experiences, relationships, and needs through play, toys, art, movement, storytelling, and other developmentally appropriate forms of expression.

Clinical documentation may include observations of therapeutic themes, emotional or behavioral functioning, interventions, treatment progress, and other information relevant to treatment.

Parents or caregivers may receive general feedback and recommendations when clinically appropriate. However, detailed descriptions of every aspect of a child's play are not routinely provided simply because a parent or caregiver requests them.

If information disclosed or expressed during treatment raises a significant safety concern or triggers a legal reporting obligation, appropriate action will be taken.

5. PSYCHOTHERAPY NOTES

HIPAA provides special protection for "psychotherapy notes."

Psychotherapy notes have a specific legal meaning. They are notes recorded by a mental health professional documenting or analyzing the contents of a counseling conversation during an individual, group, joint, or family counseling session that are kept separate from the remainder of the medical record.

Psychotherapy notes do not include routine progress notes, diagnoses, treatment plans, symptoms, medication information, session times, billing information, or other information maintained as part of the regular clinical record.

If I create and maintain psychotherapy notes as defined by HIPAA, they will receive the protections required by law.

In most circumstances, your written authorization is required before psychotherapy notes are used or disclosed to another person, except where HIPAA or another applicable law permits or requires their use or disclosure.

6. WHEN YOUR AUTHORIZATION IS GENERALLY REQUIRED

Except when permitted or required by law, I will obtain your written authorization before using or sharing your PHI for purposes not described in this Notice.

Your authorization is generally required for:

- Most uses or disclosures of psychotherapy notes.
- Certain marketing activities.
- The sale of PHI.
- Other uses or disclosures when authorization is required by law.

If you provide written authorization, you generally have the right to revoke that authorization in writing. Revocation will not undo disclosures that were already made in reliance on a valid authorization.

7. SITUATIONS WHERE INFORMATION MAY BE SHARED WITHOUT YOUR AUTHORIZATION

There are circumstances in which information may be used or disclosed without your written authorization when permitted or required by law.

These may include:

Suspected Child Abuse or Maltreatment

As a mandated reporter, I am required to make a report when the legal requirements for reporting suspected child abuse or maltreatment are met.

Serious Safety Concerns

Information may be disclosed when permitted or required by law to address a serious threat to the health or safety of the client or another person.

Required by Law

Information may be disclosed when a state or federal law requires the disclosure.

Health Oversight

Information may be disclosed to authorized health oversight agencies for legally authorized activities such as investigations, inspections, audits, or professional licensing matters.

Court and Legal Proceedings

Mental health records receive significant confidentiality protections.

A subpoena, attorney request, custody dispute, or other request for records does not necessarily mean that your entire therapy record will automatically be released.

Requests involving legal proceedings will be reviewed to determine what disclosure, if any, is permitted or required under applicable federal and New York law. When authorization, a valid court order, or another legal requirement is necessary, those requirements will be followed.

Law Enforcement and Government Functions

Information may be disclosed to law enforcement or government agencies in limited circumstances when specifically permitted or required by law.

Medical Examiners or Coroners

Information may be disclosed when legally authorized and necessary for the performance of their duties.

Workers' Compensation

Information may be disclosed as authorized or required by workers' compensation laws.

Public Health and Safety

Information may be disclosed for certain legally authorized public health or safety activities.

8. FAMILY MEMBERS AND OTHER PEOPLE INVOLVED IN YOUR CARE

With your permission, I may share relevant health information with a family member, caregiver, or another person involved in your care or payment for your care.

In certain circumstances, such as an emergency or when you are unable to communicate your preferences, professional judgment and applicable law may permit limited disclosure when it is in your best interest.

For minor clients, different rules may apply because a parent or legal guardian may serve as the child's personal representative.

9. APPOINTMENT REMINDERS AND COMMUNICATION

I may contact you regarding appointments, scheduling, treatment, billing, or other matters related to your care.

You may request that I communicate with you in a particular way or at a particular location. Reasonable requests for confidential communications will be honored as required by law.

Please discuss any privacy concerns regarding voicemail, email, text messaging, or other electronic communication with me.

10. YOUR RIGHTS

You have important rights concerning your health information.

Access Your Health Information

You may ask to inspect or obtain an electronic or paper copy of health information maintained about you that you have a legal right to access.

Certain information may be excluded from access under federal or New York law, including psychotherapy notes as defined by HIPAA.

Requests involving records of minor clients may require additional consideration of parental rights, the child's rights, custody arrangements, consent to treatment, and applicable law.

Request a Correction

If you believe information in your record is incorrect or incomplete, you may request an amendment.

I may deny the request in certain circumstances permitted by law. If the request is denied, you will be informed as required by law.

Request Confidential Communication

You may ask me to contact you in a particular way or at a particular location.

For example, you may request that I use a particular telephone number or mailing address.

Reasonable requests will be accommodated as required by law.

Ask Me to Limit Information I Use or Share

You may ask me not to use or disclose certain information for treatment, payment, or health care operations.

I am not required to agree to every requested restriction.

However, if you pay for a health care service completely out of pocket and ask me not to disclose information about that service to your health plan for payment or health care operations, I will honor that request when required by HIPAA unless disclosure is required by law.

Receive an Accounting of Certain Disclosures

You may request a list of certain disclosures of your PHI made during the six years before your request.

The accounting does not include every type of disclosure. For example, certain disclosures for treatment, payment, or health care operations are generally excluded.

Receive a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Have Someone Act for You

If another person has legal authority to act on your behalf, such as a legal guardian or other legally authorized personal representative, that person may exercise certain privacy rights for you.

I may request documentation establishing that person's authority before acting on the request.

11. SUBSTANCE USE DISORDER RECORDS

Certain substance use disorder treatment records may receive additional confidentiality protections under federal law, including 42 CFR Part 2.

To the extent Creative Connections Counseling receives or maintains records that are protected by 42 CFR Part 2, those records will be handled in accordance with applicable federal requirements.

Part 2-protected information will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient based on those records except as permitted by federal law, including where legally sufficient patient consent or the required court process exists.

12. MARKETING, SALE OF INFORMATION, AND FUNDRAISING

Creative Connections Counseling does not sell your PHI.

Your PHI will not be used for marketing when your authorization is required by law unless you have provided the required authorization.

Creative Connections Counseling does not currently use PHI for fundraising activities.

13. BREACH NOTIFICATION

I am required by law to maintain appropriate privacy and security protections for your PHI.

If a breach of unsecured PHI occurs that requires notification under applicable law, you will be notified as required.

14. COMPLAINTS AND PRIVACY QUESTIONS

If you believe your privacy rights have been violated or have questions about this Notice, you may contact the owner of this file.

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**.

Creative Connections Counseling will **not retaliate against you for filing a privacy complaint.**

15. CHANGES TO THIS NOTICE

I reserve the right to change the terms of this Notice and make the revised Notice effective for health information already maintained as well as information received in the future.

The current Notice will be available upon request, in the office, and on the Creative Connections Counseling website.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received or been provided access to the **Creative Connections Counseling Notice of Privacy Practices**.

I understand that this acknowledgment confirms receipt of the Notice. My signature does not mean that I am giving up any privacy rights or that I am agreeing to uses or disclosures beyond those permitted by law.