Carlson Counseling & Psychotherapy, LLC
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Carlson Counseling & Psychotherapy

NOTICE OF PRIVACY POLICY AND CONFIDENTIALITY

This notice describes how health information may be used and disclosed and how you can obtain access to this information. This notice applies to all of the records of your care generated by this mental healthcare practice. Please review it carefully.

1. We understand that health information about you, called protected health information (PHI), and your healthcare is personal. We will create a record of the care we provide to you. This record supports quality care and complies with certain legal requirements. In regard to PHI, Carlson Counseling & Psychotherapy, LLC is legally obligated to:

    a) Ensure that PHI that identifies you is kept private. Carlson Counseling & Psychotherapy, LLC uses a secured electronic health record (EHR) system to store client data, with several layers of additional security measures in place, such as a secured Internet connection and password protections;

    b) Give you notice of this office's legal duties and privacy practices with respect to health information;

    c) Follow the terms of the notice that is currently in effect; and

    d) In addition, this office may change the terms of this notice, and such changes will apply to all information we have about you. The new notice will be available upon request, in this office.

2. The session content and all relevant materials related to your treatment will be held confidential unless you request in writing to have all or portions of such content released to specifically named persons or entities. Limitations of such client-held privilege of confidentiality exist and are itemized below:

a) If a client threatens or attempts to commit suicide or otherwise conducts their person in a manner in which there is a substantial risk of incurring serious bodily harm;
b) If a client threatens grave bodily harm or death to another person;
c) If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years;
d) Suspicions as stated above in the case of an elderly, disabled, or other vulnerable person who may be subjected to these abuses;
e) Suspected neglect of minors, the elderly, or other vulnerable persons;
f) If a court of law issues a legitimate subpoena for information stated on the subpoena; and
g) If a client is in therapy by order of a court of law.

In the cases outlined above, information will be shared with the appropriate authorities as indicated by state and federal law. In the case of minors, information will be shared with guardians in situations that involve imminent threat of harm to self or others by the client.

3. There are special considerations for sharing therapeutic content for sessions with minors. Generally, the therapist will share the minor's progress in treatment, general therapeutic interventions, at times general content areas (e.g., problems with friends or anxiety) and specific concerns related to risk (thoughts and behaviors that pose an imminent risk of harm to self or others). The specific content of therapy sessions will not be shared with guardians unless the minor gives verbal consent to the therapist. This provision is meant to ensure therapeutic integrity and each client's right to privacy.

4. Federal privacy rules (HIPAA, specifically) allow healthcare providers who have a direct treatment relationship with the client to use or disclose the client's PHI without the patient's written authorization to carry out the healthcare provider's own treatment payment (such as through insurance) or healthcare operations. These regulations also allow healthcare providers to disclose a client's PHI for the treatment activities of any healthcare provider without the client's written authorization (such as in the case of care coordination to external

providers or medical information to/from primary care physicians). In another example, if your therapist were to consult with another licensed healthcare provider about your condition, the therapist would be permitted to use and disclose your PHI to assist the therapist in diagnosis and treatment of your mental health condition. Please visit the following link in the preceding footnote for additional details concerning HIPAA: https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html#:~:text=A%20covered%20entity%20is%20permitted,Health%20Care%20Operations%3B%20(3)

5. If you are interested in securing a copy of your records with this agency, please submit a request in writing and allow 10 business days for processing the request. Your record may include:
    a) Counseling session start and stop times,
    b) The modalities and frequencies of treatment furnished,
    c) Results of clinical tests, and
    d) Any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

    Note that under certain conditions parts of the client record may be redacted or withheld. A release of information will be required for a release of the clinical record. Only a paper copy of the record will be provided at a cost of 15 cents per page. This rule is to ensure your confidentiality.

6. How to voice concerns about our privacy practices: If you think we may have violated your privacy rights, or you disagree with a decision we have made about your access to PHI, you may file a written request for review with: Melanie Carlson, LCSW, Carlson Counseling & Psychotherapy, LLC, 23 South 8th Street, Suite 1700, Noblesville, IN 46060.

(Notice posted December 18, 2022)