

Agile Mind Counseling

506 Maple Street

Athens, Tn. 37303

Phone 423-746-2441

Fax 423-746-2442

debra_grant@agilemindcounseling.com

rebecca_green@agilemindcounseling.com



A Wellness Approach
to Mental Health

www.agilemindcounseling.com

Notice of Privacy Practices

Receipt and Acknowledgment of Notice

Client 1

Client Name: _____

Date of Birth: _____

Patient Signature: _____

Today's date: _____

Client 2

Client Name: _____

Date of Birth: _____

Patient Signature: _____

Today's date: _____

Please sign your name above to acknowledge that you have been given an opportunity to read our Notice of Privacy Practices. Client 2 information is used primarily for couples therapy. Your signature also acknowledges that you have also been given the opportunity to ask any questions you may have about the policy. I understand that this page will be placed and remain in my client file to indicate you have been provided with a copy of the Notice Of Privacy Practices under HIPAA as is required by law.

Therapist' Signature _____

Today's Date: _____

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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 THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS NOW OR IN THE FUTURE DO NOT HESITATE TO ASK QUESTIONS AND EXPECT ANSWERS THAT YOU CAN UNDERSTAND.

Each time you meet with your physician, psychotherapist, or other health care provider a record is made that may contain your symptoms, diagnoses, treatment, a plan for your treatment, and billing related information.

Our Responsibility to You:

The Health Insurance Portability & Accountability Act (HIPAA) is a federal law that requires all medical records and other identifiable health information about you, whether it is in electronic form, on paper, or the spoken word, be kept confidential. There are penalties for any misuse of personal health information. Agile Mind Counseling will abide by the terms of this notice and notify you if we make changes to our policy.

How We May Use and Disclose Protected Health Information

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may disclose medical information about you to doctors, other therapists, your attorney, or others who are involved in your treatment only with your written authorization. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist/social worker.

Payment: We may use and disclose medical information about you in order to obtain reimbursement for our services, to confirm insurance coverage, for billing or collection activities. We may need to give information about therapy you received so your health plan will cover the treatment. We may also tell your health carrier about treatment you are going to receive to determine whether your plan will cover the requested services and authorize sessions. Your insurance carrier has the right to come in and review my health care operation in order to ascertain if your care has been “medically necessary”, and to determine that documentation and security of records is being maintained.



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Health Care Operations: We may use and disclose, as needed, your health information in order to support our business activities, including quality assessment, licensing, legal advice, employee reviews, and training purposes. In addition we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your therapist's name. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose certain protected information to contact you and remind you of appointments. We may contact you about possible treatment options or alternatives that may be of interest to you.

HIPAA requires that Agile Mind Counseling work with, train, and monitor the conduct of anyone performing additional administrative and/or support services within the agency. These individuals may include other agency therapists that work with the agency, business assistants who provide services such as working with insurance claims, dealing with accounting and computer issues, phone support personnel, a collection agency, or housekeepers. This staff will not have access to your full protected mental health record, but may have some measure of contact with your Protected Health Information. These staff members will be carefully selected and all staff will be educated and monitored about compliance with privacy practices.

Other Disclosures Required By Law:

- Suspected child abuse or neglect
- Suspected sexual abuse of a child
- Suspected abuse of dependent adults
- Serious threat of harm to self or others (i.e. high suicide or homicide risk, national security threats, etc.)
- Legally executed court order
- In the event of a natural disaster whereby protected records may become exposed (blown away)

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

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Patient Rights:

- You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. Your therapist is not required to agree to any requested restriction. If we do agree to a restriction of any disclosure we are required to abide by the restriction until you remove it in writing.
- You have the right to inspect and copy your protected health information. We may charge a reasonable fee for the cost of copies, mailing, and supplies.
- You have the right to amend your protected health information.
- You have the right to an accounting of any non-authorized disclosures of protected health information.
- You have the right to receive confidential communications by alternative means and at an alternative location.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically
- Agile Mind Counseling reserves the right to change the terms of this notice and we agree to inform you in writing, by mail.
- You have the right to revoke your authorization of your protected health information except to the extent that an action has already been taken.
- Agile Mind Counseling is responsible to provide you with a breach notification of your personal health information unless it can be demonstrated that there is a low probability that the information has been compromised.
- You must provide specific authorization for uses of psychotherapy notes, personal health information for marketing purposes, or sale of your personal health information.
- By signing this agreement you are ensured that Agile Mind Counseling will not contact you for fundraising purposes.
- You have the right to request the restriction to the disclosure of your personal health information to a health plan or other individuals when you or the responsible person pays for services and agrees to the restriction.

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You will always find Agile Mind Counseling willing to discuss with you any concerns about preserving the privacy of your protected mental health information. You have recourse if you feel that your privacy has been violated. You have the right to file a written complaint with our office or with the federal government at the address below. We will not retaliate against you for filing a complaint.

U.S. Department of Health and Human Services

200 Independence Ave. SW

Washington, DC, 20002

This notice was written and becomes effective on April 15, 2012.