

Notice of Privacy Practices at InsideOut Counseling

Our Promise Regarding Medical Information

The confidentiality of your clinical records is important to me. I understand that your clinical information and disclosure is personal and I am committed to protecting it. I create a file of the care and services you receive at InsideOut Counseling, and I need this record to provide you with quality care as well as to comply with certain legal requirements. This notice will tell you about the ways I may use and share information about you. It will also describe your rights and the responsibilities I have regarding the use and disclosure of your clinical information.

Our Legal Duty

Law Requires Me To:

1. Keep your clinical information private.
2. Follow the terms of this notice.
3. Give you this notice describing our legal duties, privacy practices, and your rights regarding your clinical information.

I Have The Right To:

1. Change my privacy practices and the terms of this notice at any time, provided that the changes are legal and ethical.
2. Make the changes in my privacy practices and the new terms of my notice effective for all clinical information of file, including information created or received before the changes went into effect.

Change to Privacy Practices: Before I make an important change to my privacy practices, I will change this notice and make the new notice available.

Use and Disclosure of Your Medical Information

Attention: *I will not use or disclose your clinical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by letting me know in writing.*

1. **For Treatment:** If for any reason I need to disclose clinical information about you to doctors, nurses, or other people taking care of you, your counselor will ask you to sign a consent of release form. The release form will authorize your counselor's contact with the specified person and will explain the content which will be disclosed.
2. **For Payment:** I may use and disclose your clinical information for payment purposes. When a bill is sent to you or a third-party payer, the information on or accompanying the bill may include your clinical information.
3. **For Health Care Operations:** I may use and disclose your clinical information for my health care operations. This may include measuring, and improving quality, evaluating the performance of employees, conducting training programs, and earning the accreditation, certificates, licenses and credentials I need to serve you.
4. **Notification:** In case of emergency, I may use and disclose clinical information to notify or help notify: a family member, your personal representative, or another person responsible for your care. If you are present, I will get

your permission if possible before I speak with them. If you are not able to give or refuse permission, I will share only the information that is directly necessary to your care according to my professional judgment.

5. **Minors:** If patient is a minor, I may use and disclose your clinical information to parents or legal guardians of non-emancipated minors because they have a legal right to access patient information.

6. **Written Authorization:** I may use and disclose your clinical information to anyone for whom you give written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only affect your health information from that point on.

7. **Court Orders and Judicial and Administrative Proceedings:** I may disclose clinical information in response to a court or administrative order, subpoena, discover request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, I may share your clinical information with law enforcement officials. I may disclose limited information with a law enforcement official concerning the clinical information of a suspect, fugitive, material witness, crime victim or missing person.

8. **Public Health Activities:** As required by law, I may disclose or use your clinical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. I may also, when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

9. **Victims of Abuse, Neglect, or Domestic Violence:** I may use or disclose your clinical information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. I may share your clinical information if it is necessary to prevent a serious threat to the health and safety of you or others. I may share clinical information when necessary to help law enforcement officials capture a person who has escaped from legal custody or has admitted to being part of a crime.

10. **Workers Compensation:** I may disclose information when necessary to comply with laws relating to workers compensation or other similar programs.

11. **Health Oversight Activities:** I may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including insurance audits.

12. **Law Enforcement:** Under certain circumstances, I may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws, pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, and reporting death, crimes on my premises, and crimes in emergencies.

13. **Alternative and Additional Services:** I may use and disclose clinical information to provide you with information about benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

Your Individual Rights

You Have The Right To:

A. View or obtain copies of certain parts of your clinical information. Because these records contain information which can be misinterpreted by someone who is not a mental health professional, it is my general policy that patients may not review them. However, if you request, I will provide you with a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to forward the summary to another appropriate mental health professional who is working with you.

B. You can make a written request to have me communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken at this office, and I am treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.

C. You can make written request that I place other restrictions on the ways I use or disclose your health information. I may deny any or all of your requested restrictions. If I agree to these restrictions, I will abide by them in all situations except those which, in my professional judgment, constitute an emergency.

D. I do not disclose your health information for purposes other than treatment, payment, or as court ordered.

E. If you believe I have violated any of your privacy rights, or you disagree with a decision I have made about any of your rights in this notice, or if you have any questions, please speak with me, Buffie Baker Eller, in person. Alternatively, you may submit a written complaint to me at: Buffie Baker Eller ,MA, LPCA, 4317 NC-16 Business North Denver, NC 28037. I take protecting your privacy very seriously and will work with you to find an appropriate resolution.

F. You may also submit a written complaint to the United States Department of Health and Human Services or to the North Carolina Board of Licensed Professional Counselors. I will provide you with those addresses upon written request. By signing this document I am acknowledging that I have been informed about how my privacy and confidentiality will be maintained by Buffie Baker Eller, MA, LPCA. I understand that I may request a copy of this form for my records.

The Benefits and Risk of Therapy

Research suggests that counseling can provide many benefits for its participants. As a professional Christian counselor, I am committed to providing competent counseling that is morally and ethically sound. It is my desire that each client/couple/family/group reaches the goals of therapy we have set together. The reality is that we cannot guarantee that therapy will be successful. In fact, there are some inherent risks. In order to make an informed decision to enter a counseling relationship, each client/couple/family/group needs to consider both benefits and risks.

As with any powerful treatment, there are certain risks associated with counseling. For example, in the counseling process clients may experience uncomfortable levels of emotions such as sadness, guilt, anxiety, anger, frustration, or loneliness. Client problems may temporarily intensify at different stages of therapy or new symptoms may develop. A client's positive change is not always understood or viewed happily by family, friends, or associates. For example, therapy may disrupt a marital relationship. Counseling goals may not be reached. For example, targeted client behaviors may not change, conflicts may not be resolved, or a client may not be any more self-aware than when therapy commenced. There are always risks associated with making important life decisions. As your therapist, I

will be available to discuss any problems or negative side effects that may arise during our working relationship.

There are many reasons to be optimistic about counseling. Hundreds of well-designed research studies suggest that professional counseling provides opportunities for positive change. Studies support the helpfulness of counseling for dealing with depression, anxiety, bipolar, grief and loss, sexual abuse, identity issues, relationship problems, family issues, and multiple categories of life skills. These are but a few of the many life circumstances for which counseling can be helpful.

Personal growth is exciting and is uniquely experienced by each individual. As long as cognitive abilities are intact, people have choices in life, even in the worst circumstances. I believe that the combination of Christian faith and professional counseling provides optimal hope for change.

I will use my best clinical judgment when deciding whether I believe I can be helpful to you with your particular concerns. I have provided you with information that can help you make an informed decision about counseling. Therefore, if we enter a counseling contract, I will enter with optimism about the process.

Please sign stating that you have read and understand the above information regarding privacy practices and the risks and benefits of counseling.

Signature: _____

Date: _____