

**\*For agency Privacy Policy please see below.**

## **Website Privacy Policy**

This privacy policy applies to the use of reframedcounseling.com. Your privacy and confidence is very important to us. Accordingly I have developed the following policy in order for you to understand how we collect, use, make use of, communicate, and disclose personal information.

### **General Terms**

Before or at the time of collecting any personal information the purpose for which the information is being collected will be identified. We will only retain the personal information as long as necessary to fulfill the identified purpose(s).

Personal information will only be collected and used solely to fulfill identified purposes or other compatible purposes, unless consent is obtained by the individual concerns or as required by law. Personal information will be protected by reasonable safeguards, as well as unauthorized access, disclosure, copying, use or modification of.

Personal Information will be collected by lawful and fair means and, where appropriate, with the knowledge or consent of the individual concerned.

### **Analytics Disclaimer**

This website utilizes website analytics and server based analytics which gather limited information on visitors to our website automatically and stores the anonymous information in server logs. The information does not identify individual users and is only used for the purpose of site administration, and understanding website usage and trends.

### **Other Websites**

We are not responsible for any of the practices employed by any websites or services linked to or from our site, including the information or content such websites provide. It is important to note and remember when going to an outside site through a link our policy does not apply to those third party websites or services. Any activity done on such sites or services even if linked from our website are subject to that third party's

rules and policies. You understand and agree that we are not responsible and do not have any control over third parties that you authorize access to your information. You do so at your own risk. Review the privacy policy of each website or service you visit when not linked to our website.

### **Legal Disclaimer**

We reserve the right to disclose any identifiable personal information as required by law when we believe disclosure is necessary to protect our rights, comply with judicial proceeding, comply with court order, and/or other legal process. We reserve the right to disclose such information, as required by law, if we believe you pose an imminent threat to yourself or other(s).

### **Policy Changes**

Privacy expectations may change. This document is considered “living” meaning we may modify or update this policy. Please review such policy periodically for changes. We may provide other forms of notice of such modifications as appropriate but as courtesy not requirement.

Your continued use of our site constitutes your acceptance of policies and any modifications made.

### **Contact Information**

Reframed Counseling is committed to conducting business in accordance with this policy to ensure the confidentiality of personal information is protected and maintained. We will make readily available to you, information about our policies and practices relating to the management of personal information. Accordingly, if you have any questions or concerns regarding this privacy policy please contact us at:

[kwilson@reframedcounseling.com](mailto:kwilson@reframedcounseling.com)

# NOTICE OF PRIVACY PRACTICES

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

**If you have any questions about this Notice of Privacy Practice (“Notice”), please call or email the owner/founder of Reframed Counseling. Information located at the end of this Notice.**

## **I. INTRODUCTION:**

This Notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully. Protecting patient privacy is an important element of the trust between me and my patients, and an important legal and ethical obligation. I am deeply committed to protecting patients’ rights to privacy and safeguarding patient information. A copy of this Notice is made available to all clients and will be posted in the office as well as on the website at: [www.reframedcounseling.com](http://www.reframedcounseling.com).

### Protected Health Information (PHI)

PHI is any information about your past, present, or future health care, or payment for such care.

## **II. MY RESPONSIBILITIES:**

I am required to maintain the privacy of your Protected Health Information (PHI). This includes medical information about you that is collected during the course of your treatment, such as your symptoms, evaluation results, diagnoses, treatment, and a plan for future care. Information about care that you have received from other providers may also be included in your medical record at my office. PHI also includes demographic information and payment information.

I am required by law to provide you with this Notice of Privacy Practices. This Notice describes how I use your PHI and disclose (share) it with others. I must abide by the terms of the Notice currently in effect. I reserve the right to change the terms of my Notice and to make the new Notice provisions effective for all PHI that it maintains.

## **III. HOW I MAY USE OR DISCLOSE YOUR PHI:**

I may use or disclose your PHI for many different reasons. Some of these uses or disclosures, we need your written authorization. Below I provide examples of the types of uses and disclosures of your PHI that I am legally permitted to make.

The following are examples of the types of uses and disclosures of your PHI that I am legally permitted to make.

***A. Uses and Disclosures of PHI for Treatment, Payment and Operations:***

Your PHI may be used and disclosed as necessary for me to obtain reimbursement for care provided to you, and to support the operation of my practice:

1. **Treatment.** I may use your PHI to provide and manage your health care. If I refer you for other treatment -- for example to another clinician or hospital -- I will provide that health care provider with the necessary information to diagnose or treat you. In addition, I may share your PHI with other health care providers who may consult with me about your care. I believe this is critical to provide you the very best in health care and is necessary given the complexities of various illnesses and health conditions. Massachusetts law requires that I obtain your specific written authorization for the use or disclosure of the above information.
2. **Payment.** I may use and disclose your PHI without your authorization, as needed, to obtain payment for health care services. I may disclose information to your insurance company or third-party payer in order to make sure your treatment is approved, to verify eligibility or coverage for insurance benefits, and to permit the payer to review services provided to you for medical necessity. For example, I may need to share relevant PHI to your health plan to obtain approval for continuing authorizations. Other reasons may include but not be limited to:
  - a. Making a determination of eligibility or coverage for health insurance;
  - b. Reviewing your services to determine if they were medically necessary;
  - c. Reviewing your services to determine if they were appropriately authorized or certified in advance of your care
3. **Healthcare Operations.** I may use or disclose your PHI in order to conduct my business of providing health care. These health care operations may include quality assessment, credentialing and various other activities that are necessary to run my practice and to improve the quality and cost effectiveness of the care that I deliver to you. Some of these business operations may be performed by outside parties (Business Associates) on my behalf. My Business Associates must agree to maintain the confidentiality of your PHI. In addition, I may also provide you with information about treatment alternatives or other health-related benefits, products and services that may be beneficial to you, again with the hopes of improving your health and welfare. I may use or disclose your PHI to contact you to remind you of your appointment or to communicate a scheduling change. I may use or disclose your PHI to inform you about your possible treatment options or alternatives that may be of interest to you.

***B. Other Permitted and Required Uses and Disclosures of Your Health Information:***

In addition to treatment, payment and healthcare operations, there are other circumstances in which I am either permitted or required to disclose your PHI, in accordance with applicable law.

1. **Involvement of Others in Your Health Care.** I will make an effort to ask you if I may share relevant PHI about you with family members or any other person you identify. If you are not present, unable to communicate, or in an emergency situation, I may exercise my professional judgment to determine whether to share this information. In addition, I may need to disclose PHI to notify a family member or any other person responsible for your care of your location, general condition or death. Finally, I may disclose your PHI to an authorized public or private entity to assist in disaster relief efforts, and to coordinate efforts to notify someone on your behalf. Please be assured I will only do so if absolutely necessary and in the event of an emergency or disaster.
2. **Public Health.** I may disclose your PHI for public health activities, including the following: a) to report PHI (e.g., infectious diseases, such as chickenpox) to prevent or control disease, injury, or disability; b) to report births and deaths; c) to report reactions to medications or problems with products; d) to notify a person who may have been exposed to a communicable disease, or may be at risk for contracting or spreading the disease. Massachusetts law requires that I obtain your specific written authorization for the use or disclosure of the above information.
3. **Victims of Abuse, Neglect or Domestic Violence.** If I reasonably believe you are a victim of abuse, neglect or domestic violence, I may disclose your PHI to an appropriate agency authorized by law to receive such reports. Massachusetts law requires that I obtain your specific written authorization for the use or disclosure of the above information unless you are a minor child, disabled, or over the age of 65.
4. **Health Oversight.** I may be required to disclose PHI to a health oversight agency for audits, investigations, inspections, and other health oversight activities. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
5. **Legal Proceedings.** I may be required to disclose PHI in the course of any judicial or administrative proceeding in response to a legal order or other lawful process, including a subpoena.
6. **Law Enforcement.** I may be required to disclose PHI for law enforcement purposes.
7. **Coroners, Funeral Directors, and Organ Donation.** I may be required to disclose PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. I may also disclose PHI to a funeral director or their designee, as necessary to carry out their duties. PHI may also be disclosed to organizations that facilitate organ, eye or tissue donation and transplantation.
8. **Research.** I may use or disclose PHI for research that is approved by an Institutional Review Board when written permission is not required by Federal or State law. This may

include preparing for research or telling you about research studies in which you might be interested.

9. **To avert a serious threat to health or safety.** I may be required to use and disclose PHI to prevent or lessen a serious threat to a person's or the public's health or safety.
10. **Specialized Government Functions.** Under certain circumstances, I may be required to disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State.
11. **Workers Compensation.** I may use and disclose PHI as required to comply with workers compensation laws, and other programs that provide benefits for work-related injuries or illnesses.
12. **Required by Law.** I may be required to use or disclose your PHI to the extent that the use or disclosure is required by federal, state, or local law. This includes any other law not already referred to in the preceding categories. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

### ***C. Uses and Disclosures of PHI Based upon Your Written Authorization***

Uses and disclosures of your PHI, other than those described above, will be made only with your written authorization. For example, you will need to sign an authorization form before I can send your PHI to your life insurance company. I will also obtain your written authorization prior to using your PHI to send you any marketing materials. You may revoke your authorization at any time, in writing, except to the extent that I have taken any action in reliance on the authorization.

***In addition, federal and Massachusetts laws require that I obtain your specific written authorization for the use or disclosure of certain information about you. This information includes psychotherapy process notes as defined by federal law; communications with certain behavioral health professionals; communications between domestic violence victims and domestic violence counselors, and between sexual assault victims and sexual assault counselors; and information related to substance abuse treatment, HIV testing or test results, treatment of sexually transmitted diseases, and genetic testing or test results. These laws supercede anything similar in this notice.***

## **IV. YOUR INDIVIDUAL RIGHTS:**

Although your medical record at Reframed Counseling is my property, the PHI it contains belongs to you. The following is a statement of your rights with respect to your PHI, and a brief description of how you may exercise these rights.

***A. You have the right to inspect and copy your PHI.***

At any time, you may inspect and obtain a copy of PHI about you, including your medical and billing record, which may be used to make decisions about your care. Under limited circumstances I may limit your access to all or certain portions of your record. This includes, but is not limited to, psychotherapy process notes, or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. If you are denied access to portions of your record, in some circumstances you may have a right to have this decision revised. All requests to access your record must be made in writing and will be processed within 30 days. If you request a copy of your records, I may charge you a fee to cover the copying and mailing costs.

***B. You have the right to request an amendment of your PHI.***

You may request that I amend your treatment and billing information if you think the information is incorrect or incomplete, for as long as I maintain the information. If for some reason I deny your request, I must give you a written statement with the reasons for the denial, and what other steps are available to you. Please don't hesitate to contact me if you have questions about amending your medical or billing record.

***C. You have the right to request a restriction of your PHI.***

You have the right to ask for restrictions on the use and sharing of your health information for treatment, payment, or health care operations. I am not required to agree to your request. If I do, I must put the restriction in writing and abide by it, except if you need to be treated in an emergency. You may not ask me to restrict uses and sharing of information that I am legally required to make. All requests must be in writing to me as a solo practitioner.

***D. You have the right to request to receive communications from me by alternative means or at an alternative location.***

I will make every effort to accommodate requests, provided you supply a valid alternative address or other method of contact. In certain instances, I may need to contact you and may do so at the original address or phone number if attempts to contact you at the alternative locations are not successful.

***E. You have the right to receive an accounting of certain disclosures I have made, if any, of your PHI.***

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It does not apply to disclosures I may have made to you, that are authorized by you, information provided to family members or friends about your care, or for notification purposes. You can request an accounting of disclosures for a period up to six years. The right to receive this information is subject to certain exceptions, restrictions and limitations. Requests must be made to my office in writing, and I will respond to your request within 60 days.

***F. You have the right to a paper copy of this notice, which I will provide to you.***

**V. REVISIONS TO THIS NOTICE:**

I reserve the right to change the terms of this notice. I also reserve the right to make the revised or changed Notice effective for all PHI we already have about you as well as any PHI we receive in the future.

I will post a copy of the current Notice at my office. You may also obtain a copy by requesting in writing and one will be sent to you via mail or on site at the office. I will also update the copy on the website, [reframedcounseling.com](http://reframedcounseling.com)

**VI. COMPLIANT PROCESS:**

If you believe I have violated your privacy rights, please communicate your concerns to me at my office where you receive care. You may also send a written complaint to the Director, Office for Civil Rights of the U.S. Department of Health and Human Services, Hubert H. Humphrey Bldg., 200 Independence Ave., S.W., Washington, DC 20201. I will make every effort to respond to your concerns immediately and professionally.

I have received a copy of the Notice of Privacy Practices (HIPAA) and an Information and Terms of Service form from Reframed Counseling.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Printed name of client

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date