Notice of Privacy Practices

Beverly Dean Counseling LLC

4 2nd Ave, Suite 204

Denville, NJ 07834

Notice of Privacy Practices

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

I will treat with great care all of the information you share with me. It is your legal right that our sessions and my records about you are kept private.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the APA Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of the Notice of Privacy Practices. I reserve the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will you notify you of the revised Notice of Privacy Practices by providing one to you at your next appointment and you can access/download a copy through your portal account.

HOW MAY I DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation in clinical supervision. I may disclose PHI to any other provider only with your written authorization.

For Payment: I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization, consenting to treatment is your authorization for me to bill your insurance company and disclose PHI as required for payment. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits. Processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum about of PHI necessary for purposes of collection. Please note for some insurances I use a platform called Headway to manage my billing and insurance related needs. If your insurance is one that I use Headway for you will be asked to create an account with them as well.

Required by Law: Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR CONSENT OR AUTHORIZATION

I may use and disclose PHI without your consent or authorization in the following circumstances:

Abuse and Neglect: If I have reasonable cause to believe that a child has been subject to abuse, I must report this immediately to the New Jersey Department of Child Protection and Permanency.

Adult and Domestic Abuse: If I reasonably believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, I may report the information to the county adult protective services provider.

Health Oversight: If the New Jersey State Social Work Licensing Board or the Health Dept. issues a subpoena, or investigation, I may be compelled to testify before the Board and produce your relevant records and papers.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.

Serious Threat to Health or Safety: If you communicate to your therapist a threat of imminent

serious physical violence against a readily identifiable victim or yourself and I believe you intend to carry out that threat; I must take steps to warn and protect. I also must take such steps if I believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps I take to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other healthcare facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under 18 years of age, and warning your parents if you are under 18 years of age.

Worker's Compensation: If you file a worker's compensation claim, I may be required to release relevant from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

1. If I am away from the office and have a trusted therapist "cover" for me. This therapist will be available to you in emergencies. Therefore they need to know about you. Generally I will tell this therapist only what he or she would need to know for an emergency. Of course, the therapist is bound to the same laws and rules as I am about your confidentiality.

2. Second, I sometimes consult with other therapists or other professionals about my clients. This helps me in giving high quality treatment. These persons are also required to keep your information private. Your name will never be given to them and they will be told only as much as they need to know to understand your situation.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and with time frames.

If we do family or couples therapy, and you want to have my records of this therapy sent to someone, all of the adults present will have to sign a release.

Verbal Permission

I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission and then may request that you sign a written consent form.

With Authorization Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI that I maintain about you. To exercise any of these rights, please submit your request in writing to your therapist.

· **Rights of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost based fee for copies and your request needs to be made 4 weeks in advance.

· **Right to Amend:** If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment.

· **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12 month period.

· **Right to Request Restrictions:** You have the right to request a restriction or limitation on the use of disclosure of your PHI for treatment or payment. I am not required to agree to your request.

· **Right to Request Confidential Communication:** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.

· **Right to a Copy of this Notice:** You have the right to a copy of this notice.

COMPLAINTS

If you believe that I have violated your privacy rights, you may contact me, Beverly Dean at 862-244-3551. You may also contact the Professional counselors and associate counselors who are licensed by the Board of Marriage and Family Therapy Examiners, Professional Counselor Examiners Committee, an agency of the Division of Consumer Affairs at Professional Counselor Examiners Committee, PO Box 45007, 124 Halsey Street, Newark,

New Jersey 07101, www.njconsumeraffairs.gov/pc, or the New Jersey Division of Consumer Affairs, PO Box 45027, 124 Halsey Street, Newark, New Jersey 07101, www.njconsumeraffairs.gov. **I will not retaliate against you for filing a complaint.**

In my practice, I do not discriminate against clients because of these factors: age, sex marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness.

This is a personal commitment, as well as being required by federal, state, and local laws, and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

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