

Notice of Privacy Practices & Professional Disclosure Statement

Notice of Privacy Practices

Notice of Privacy Practices THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Use and Disclosure of Your Protected Health Information for the Purposes of Providing Services. Turning Pointe Counseling & Consulting, LLC (TPCC) have the limited right to use and/or disclose of your protected health information (PHI) for the purpose of providing treatment, payment and conducting healthcare operations. These are all necessary activities for quality care and state and federal laws allow us to use and disclose your health information for these purposes:

I. Uses and disclosures for treatment, payment, and health care operations include (How TPCC may use/disclose PHI):

- *Treatment* - Use and disclose PHI to provide treatment, consult with other practitioners, manage or coordinate care treatment or other services related to your health care. An example of treatment consulting may include your primary care physician, another practitioner, or mental health provider.
- *Payment* - Use and disclose PHI to obtain reimbursement for your healthcare. Examples of payment are when: TPCC discloses your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage; or a request has been made by a client for completion of a Superbill in order for the client to process claim and collect reimbursement from their insurance and to collect fees.
- *Healthcare Operations* – Use and disclose PHI for review of treatment procedures, review of business activities, certification, compliance and licensing activities.
- *Appointment Reminders* - Unless you provide us with alternative instructions, we may send appointment reminders, bills, and other similar materials to your home address.
- *Disclosure* - applies to activities outside of TPCC such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and disclosures requiring authorization:

- The use or disclosure of PHI for purposes outside of treatment, payment, and healthcare operations when your appropriate authorization is obtained.
- Separate authorization from you will be obtained before releasing your psychotherapy notes. Psychotherapy notes are notes made about conversations during a private, joint, group, or family counseling session and are kept separate from the rest of your medical record.
- Authorization from you will be obtained before releasing results of any testing.
- You may revoke an authorization, in writing, of PHI, psychotherapy notes, or testing.
- You may not revoke an authorization to the extent (1) Your therapist has relied on that authorization; (2) If the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

III. Uses and disclosures with neither consent nor authorization as required by law include:

- *Abuse of Children and Vulnerable Adults*- If in this therapist professional capacity, knows or suspects due to a client statements or suggestions that he/she is abusing a child (or vulnerable adult), has recently abused a child (or vulnerable adult) or a child (or vulnerable adult) is in danger

of abuse; this therapist is required to report this information (disclosure of relevant confidential information) to the appropriate social service and/or legal authorities.

- *Duty to Warn and Protect*-. When a client discloses intentions or a plan to harm another person, this therapist is required to warn the intended victim and report this information, (disclosing relevant confidential information), to the intended victim, other professionals, and the legal authorities. In cases in which the client discloses or implies a plan for suicide, this therapist is required to notify, (disclosing relevant confidential information), legal authorities, other professionals, and make reasonable attempts to notify the family of the client.
- *Serious Threat to Health or Safety*: If your counselor or psychologist believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, we may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and we believe you have the intent and ability to carry out the threat, then we are required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- *Minor/guardianship* - Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.
- *Legal or Court Proceedings* - If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release this information without written authorization from you or your or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Insurance Providers *(when applicable)* - Insurance companies and other third-party payers are given information that they request regarding services to clients. This information may include type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

IV. Client's Rights

In the Notice of Privacy Practices counselors are required to inform clients as to their rights under state and federal law. If you have any questions regarding the rights listed below, please feel free to ask for clarification.

Right to request where we contact you

- The Client Information form will allow you to indicate where and how you would like to be contacted.

Right to release your clinical records

- When information for purposes outside treatment, payment, and health care operations are needed, a consent for Release of Information must be signed by you.
- You may revoke a Release of Information in writing.
- Revocation is not valid to the extent that you have acted in reliance on such previous authorizations

Right to inspect and copy your clinical records

- You have the right to reasonable access to your PHI and billing records upon written request, unless access is restricted under certain circumstances or for documented treatment reasons. Your therapist will respond to your request within 30 days.
- Your therapist may deny access. If access is denied, you will receive written reasons for the denial.
- You may request, in writing, a copy of you PHI. There will be a fee imposed for such services

Right to add information or amend your medical records

- You may request to amend your PHI if you believe there is a mistake or missing information in our record. A request that information be added to or corrected on your PHI is to be made in writing and will be responded to within 60 days of receiving such request.
- Your therapist may deny the request.
- If denied, you have the right to file a disagreement statement, which will be added to your response and filled in your record.

Right to accounting of disclosures

- You have a right to receive an accounting of disclosures of your PHI for which you have neither provided consent or authorization. A request must be made in writing and a response will be given within 60 days of receiving it.

Right to request restrictions on uses and disclosures of your healthcare information

- You have the right to request, in writing, restrictions on how PHI is used or disclosed.
- Your request will be considered, but your therapist is not legally bound to agree to the restrictions and cannot agree to limit uses/disclosures that are required by law.

Right to complain

- You have the right to file a complaint if you believe your privacy rights have been violated or you disagree with a decision made about access to your PHI.
- If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, please contact your therapist initially to communicate your concerns. If together the situation cannot be resolved you may contact the State of Ohio Counselor, Social Worker, and Marriage and Family Therapy Board at 614-466- 5465. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. If a complaint is filed, no retaliatory action will take place against you.

Right to receive this notice and changes in policy

- You have the right to receive a copy of this notice and to request any future revised copies of this notice. Additional copies may be requested by contacting your therapist.

Effective Date

- This notice was revised and will go into effect on December 8, 2019.

Professional Disclosure Statement

Kelly Bulinski, Supervising Professional Clinical Counselor #E.0800364-SUPV
Turning Pointe Counseling & Consulting, LLC
Galena, OH 43021
(614) 551-9297

Formal Professional Education

The Ohio State University, BA Speech & Hearing Science/ Psychology, 6/2004
University of Dayton, MEd. Clinical Counseling, 9/2009

Areas of Competence

Areas of competence and services provided include: diagnosis and treat mental and emotional disorders, mental health counseling, psychotherapy, personal and social counseling, individual, group and couples counseling, consultation, eating disorder treatment, trauma & complex trauma counseling, may provide clinical supervision to individuals seeking licensure as professional clinical counselors and/or counselor trainees.

Service Fees are billed at \$130.00 individual 55 min session.

This information is required by the Counselor, Social Worker & Marriage and Family Therapist Board, which regulates the practices of professional counseling, social work and marriage and family therapy in the State of Ohio. If you have complaints about professional services, please contact:

Counselor, Social Worker & Marriage and Family Therapist Board
50 West Broad Street Suite 1075
Columbus, OH 43215-5919
Telephone: (614) 466-0912
Fax: (614) 728-7790
www.cswmft.ohio.gov