

Guided Growth Therapy LLC

Notice of Privacy Practices

This notice went into effect on March 5, 2023.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED, DISCLOSED AND HOW YOU CAN ACCESS IT.

Health Information Pledge

Guided Growth Therapy LLC understands that health information about you and your health care is personal. Our practice is committed to protecting health information about you. We will create a record of the care and services you receive. This record is to provide you with quality care and to comply with certain legal requirements. This record pertains to any and all information collected during the course of the engagement. This notice details the situations, and the extent to which our practice will disclose information about you. It describes your rights to the health information kept about you and describes certain obligations regarding the use and disclosure of your health information. Guided Growth Therapy LLC (“GGT”) is required by law to:

- Make sure that protected health information (“PHI”) which identifies you is kept private.
- Give you this notice of any legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Our practice can change the terms of this Notice, and such changes will apply to all information pertaining to you. The new Notice will be available upon request, in-office, and on our practice’s website.

How Information May Be Used & Disclosed

The following categories interpret different scenarios in which our practice may use and disclose health information. Not every use or disclosure in a category will be listed. However, all scenarios in which our practice is permitted to use and disclose protected health information will fall within one of the categories.

Treatment Payment, or Health Care Operations: Federal privacy regulations allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. Additionally, our practice reserves the right to disclose your protected health information for the treatment activities of any health care provider without client authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and recommendation of treatment.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Judicially Compelled Disclosure: If client becomes involved in any form of legal dispute or prosecution, Guided Growth Therapy reserves the right to disclose health information in response to a court or administrative order. In legal matters involving both a client, and parent-child relationship of any kind, Guided Growth Therapy may also disclose health information about the child or parent in response to a subpoena/discovery request/other lawful process by another party in the dispute. To protect your privacy, Guided Growth Therapy may attempt to obtain an order protecting the relative information. However if such disclosure is necessary, Guided Growth Therapy will attempt to inform client about the request.

Uses & Disclosures Which Require Client Approval

Psychotherapy Notes: Our practitioners routinely keep notes pertaining to patients and their sessions. Any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- (a). For practitioner’s use in treating you.
- (b). For practitioner’s use in training or supervising other mental health practitioners to improve skills in group/joint/family/individual counseling.
- (c). For Guided Growth Therapy’s use in defending themselves in any subsequent legal proceedings instituted by client or another in relation to.
- (d). For use by the Secretary of Health and Human Services to investigate our practice’s compliance with HIPAA.
- (e). Required by law and the use or disclosure is limited to the requirements of such law.
- (f). Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- (g). Required by a coroner who is performing duties authorized by law.
- (h). Required to help avert a serious threat to the health and safety of others.

Use of PHI for Sale & Marketing Purposes. Guided Growth Therapy will not use or disclose your protected health information for marketing purposes, nor will our practice sell your PHI for any reason at all.

Uses & Disclosures Which Do Not Require Client Approval

Subject to certain limitations in the law, our practice reserves the right use and disclose client PHI without client’s authorization for the following reasons:

1. **When disclosure is required by state or federal law**, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. **For public health activities**, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. **For health oversight activities**, including audits and investigations.
4. **For judicial and administrative proceedings**, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. **For law enforcement purposes**, including reporting crimes occurring on my premises.
6. **To coroners or medical examiners**, when such individuals are performing duties authorized by law.
7. **For research purposes**, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. **Specialized government functions**, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. **For workers' compensation purposes**. Although our preference is to obtain an Authorization from you, Guided Growth Therapy may provide your PHI to comply with workers' compensation laws.
10. **Appointment reminders and health related benefits or services**. Guided Growth Therapy may use and disclose your PHI to contact you to remind you that you have an appointment with our office. Guided Growth Therapy may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that our practice offer.

Use & Disclosures Subject to Client Objection

1. **Disclosures to family, friends, or others**. Guided Growth Therapy may provide your PHI to a family member/friend/other person that you have previously indicated is involved in your care or the payment for your health care, subject to the extent of your objection. The opportunity to consent may be obtained retroactively in the event of an emergency.

Client PHI Rights

1. **The Right to Request Limits on Uses and Disclosures of Client PHI**. Client reserves the right to request that our practice not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Guided Growth Therapy reserves the right to deny this request if the therapist believes that such nondisclosure could negatively impact the patient.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full**. Client reserves the right to request restrictions on disclosures of client PHI to health plans

for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. **The Right to Choose How GGT Sends PHI to Client.** Client reserves the right to request a specific method of contact between themselves and their therapist (i.e., home or office phone) and the mailing address on file. All requests within reason will be accepted.
4. **The Right to Review and Request Copies of Client PHI.** Other than the aforementioned “psychotherapy notes,” client reserves the right to request a copy of any information our practice has stored on file. Guided Growth Therapy will provide you with a copy or summary of your record within 30 days of receiving your written request. Guided Growth Therapy additionally reserves the right to charge a reasonable, cost-based fee for doing so.
5. **The Right to a List of Disclosures Made.** Client reserves the right to request a list of instances in which Guided Growth Therapy has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which client provided authorization. Guided Growth Therapy will respond to your request for an accounting of disclosures within 60 days of receiving client request. The compilation of disclosures may precede the request by six years unless corresponding request calls for more recency. Guided Growth Therapy will provide the list of disclosures to client at no charge. Guided Growth Therapy reserves the right to charge a reasonable fee for any additional supplement of disclosures within the same year as the first request.
6. **The Right to Correct or Update Your PHI.** If client believes there is a mistake in their recorded PHI, or that a piece of important information is missing from client PHI on file, client reserves the right to request a correction or addition of missing information. Guided Growth Therapy reserves the right to decline such requests on a rational basis and guarantees an explanation of the basis to the client.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** Client reserves the right to a personal copy of this Notice. Client may request either paper, or electronic copy as well as both.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), client retains certain rights regarding the use and disclosure of protected health information.