

Serenity Solutions, LLC
135 South 19th Street, Suite 250
Philadelphia, PA 19103
215-285-1084
www.serenitysolutionstherapy.com
alisa@serenitysolutionstherapy.com

NOTICE OF PRIVACY PRACTICES

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

Information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). Psychotherapy notes are notes recorded by your counselor documenting or analyzing the contents of conversations during a counseling session. Psychotherapy notes are PHI, but they are not part of your health record. In fact, they must be kept separate from the rest of your record because they are given greater protection than other types of PHI. This Notice of Privacy Practices describes how I may use and disclose your PHI (including psychotherapy notes) in accordance with applicable law and my 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 my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my 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 provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

I will use or disclose PHI without your authorization only in the following circumstances:

For Treatment. Your PHI may be used and disclosed by those who are actively involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may not disclose PHI to any other provider without your authorization.

For Payment. I may not disclose PHI in order to receive payment for the treatment services provided to you without your authorization.

For Health Care Operations. I may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, utilization review activities, licensure or accreditation, and in conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. I may also use a sign-in and call you by name in the waiting room when it is time to be seen. I may contact you to remind you of your appointments. However, your psychotherapy notes will only be used in my own training programs or in defense of a proceeding brought by you.

Government Oversight. I may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and peer review organizations performing utilization and quality control. I may also disclose mental health records for the collection of clinical and statistical data so long as the dissemination of such data does not identify individual patients. Psychotherapy notes will only be disclosed for oversight of the person who created the psychotherapy notes.

Required by Law. I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of applicable law. If required by applicable law to do so, I will also disclose mental health records to the county mental health and mental retardation administrator.

Abuse. I will report suspected child abuse as required by the Child Protective Services Act and will also report other instances of suspected patient/client abuse.

Court Order. Except for privileged communications, I will disclose your PHI if the court issues an appropriate order and follows required procedures. I will not release any information in response to a subpoena alone.

Proceedings under the Mental Health Procedures Act. I will disclose PHI to a court or mental health review officer in the course of proceedings authorized by the Mental Health Procedures Act.

Emergencies. I may use or disclose your PHI to medical personnel only in a medical emergency situation. Only information pertinent to the relief of the emergency will be released. I will try to provide you a copy of this notice as soon as reasonably practical after the resolution of the emergency.

Duty to Warn. PHI will be disclosed as necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Written Authorization

Uses and disclosures not specifically permitted by applicable law as described above will be made only with your written authorization. You may revoke your authorization at any time except to the extent that we have already relied on your authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Serenity Solutions, LLC, Alisa Kamis-Brinda, LCSW, LCADC at 135 South 19th Street, Suite 250, Philadelphia, PA 19103:

- **Right of Access.** You have the right, which may be restricted only in exceptional circumstances, to access PHI that may be used to make decisions about your care. In general, your right to access PHI will be restricted only in those situations where access is reasonably likely to cause substantial harm. I may charge a reasonable, cost-based fee for copies as allowed under Pennsylvania law. However, you have no right to access psychotherapy notes.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask me to amend the information although we are 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 we 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 or disclosure of your PHI for treatment, payment, or health care operations. 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 we have violated your privacy rights, you have the right to file a complaint in writing with Serenity Solutions, LLC, Alisa Kamis-Brinda, LCSW, LCADC, 135 South 19th Street, Suite 250, Philadelphia, PA 19119 or with the Secretary of the U.S. Department of Health and Human Services at Region III, Office of Civil Rights, 150 South Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. **I will not retaliate against you for filing a complaint.**

The effective date of this Notice is July 1, 2009.