

## Privacy Policy-Prebble Counseling Services LLC

**Prebble Counseling Services LLC/Christine M Prebble**

**EMAIL:** prebblecounselingservices@proton.me

**PHONE:** 570-678-2223

**EFFECTIVE DATE OF THIS NOTICE:** This notice went into effect on **01/02/2025**

### **NOTICE OF PRACTICE/PRIVACY POLICIES AND INFORMED CONSENT**

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION AND GENERAL INFORMATION MAY BE USED AND DISCLOSED, INFORMED CONSENT TO TELEMENTAL HEALTH TREATMENT/PSYCHOTHERAPY, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

*I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:*

- Make sure that protected health information ("PHI") that identifies you is kept private.
- I use a password and fingerprint protected computer along with a password and facial recognition protected iPad within my practice to conduct telehealth services as well as complete necessary documentation. I do have the Proton email and Spruce Health apps on my phone: these apps are all locked immediately when I finish my need for using them and they are protected by facial recognition for opening.
- I store your PHI using JaneApp Complete Office Management, Sync.com, and/or Grow Therapy software, all three are HIPAA compliant web-based Electronic Medical Record (EMR) storage services (these are sometimes also referred to as Electronic Health Record or EHR; for the purpose of this agreement, both terms may be used interchangeably and hold the same meaning).
- I use the JaneApp and/or Grow therapy client portal, as a HIPAA compliant way to send any documents to you. JaneApp is used to create progress notes and send documents to you

that require a signature. This reduces the potential for these documents to become lost in the mail or intercepted by individuals who they are not intended for.

- I use Spruce Health as a HIPAA compliant phone, fax, and secure messaging service, in addition to the HIPPA compliant portal through JaneApp or Grow Therapy. The Spruce Health app is stored on my phone, and I use the same features to protect your information that were identified for previous apps on my phone. My phone is also locked and protected from opening by others using facial recognition. I will not text, call, or email you without prior written consent to do so prior to. This includes appointment reminders; you will not receive reminders for your appointments if you do not provide written consent to call, text, and/or email you. Any documents that contain your PHI will be sent through the JaneApp and/or Grow Therapy Client Portal.
- I use Proton Mail for my business email provider. Any information sent through email meets HIPAA compliance through the Proton Mail server; however, this does not guarantee HIPAA compliance for the email server you utilize and there is a chance for information to be intercepted for this purpose.
- Give you this notice of my legal and ethical duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

## **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

*The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.*

- For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a 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. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written 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, to assist the clinician in diagnosis and treatment of your mental

health condition. In these instances, no personal identifying information (e.g., name, date of birth, address, phone number, etc.) will be disclosed.

- 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.
- Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For my use in treating you.
  - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy, no PHI or sensitive identifying information will be disclosed in these instances.
2. Coordinating care with other providers and/or agencies involved in your treatment and/or care.
3. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
4. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
5. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

#### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.**

*Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:*

- 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.
- 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.
- For the protection of the client who is actively suicidal, and risk of death or serious harm is eminent.
- For health oversight activities, including audits and investigations.
- 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.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- 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.
- 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.
- For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI to comply with workers' compensation laws.

#### **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.**

*Disclosures to family, friends, or others. I may provide your PHI to the Emergency Contact you identified at the onset of treatment; this may be a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations. You must notify me if you want a different person in place of or in addition to the Emergency Contact you initially identified within your Intake Paperwork.*

## **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your 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 I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so. **EXCEPTION:** I am not legally nor ethically required to release information contained in your medical record to you if, in my clinical assessment, doing so would not be in your best interest.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **Minor Children (ages 14-17).** The legal age for consent to treatment in Pennsylvania is 14 years old. If your minor child, age 14-17 years old, provide written consent to treatment without also obtaining the written consent of their parent, they are the legal and ethical owners of their medical record, and I will not release any information to you without prior consent of the minor; do so would be a direct violation of their HIPAA rights
8. **Minor children (ages 13 and younger).** Minor children ages 13 and younger require a parent(s)’ written consent for treatment and the parent(s) are entitled to the contents of the

minor's PHI and medical record. I am not legally and or ethically required to release any information to the parent(s)' if, in my clinical judgment, doing so would be potentially harmful or not provide benefit to the minor child.

- a. The state laws of Pennsylvania only require me to obtain the signature of one (1) parent to provide treatment to a minor child. I will do my best to obtain the written consent to treatment from both parents. In the event I am only able to obtain the written consent of one (1) parent and both parents have shared legal custody of the minor client, both parents have the legal right to provide written permission to access the minor client's medical record unless, in my clinical judgment, doing so would be potentially harmful or not provide benefit to the minor child.
9. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.