



**Notice of Policies and Practices to Protect the Privacy  
of Your Health Information**

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

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Our office may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
  - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health provider.
  - Payment is when our office obtains reimbursement for your healthcare. Examples of payment are when our office discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (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**

Our office may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause, on the basis of my professional judgment, to suspect abuse of children with whom I come into contact in my professional capacity, I am required by law to report this to the Pennsylvania Department of Public



Welfare. I am also, as a mandated reporter, required to report any suspected child abuse that I have reported to me by any person who I talk with in a therapy session or in the public sector.

- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), I may report such to the local agency which provides protective services. As a mandated reporter, I am required to report anything I hear in a therapy session that may constitute abuse or neglect of an adult.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release the information without your written consent, 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.
- **Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- **Worker's Compensation:** If you file a worker's compensation claim, our office will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

#### IV. Patient's Rights and Mental health Provider's Duties

##### Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, our office will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. In some instances, there may be a fee for copying records depending on the size of the record. Please inquire about the fee at the time of your request. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice) after April 14, 2003. On your request, I will discuss with you the details of the accounting process. The first accounting of disclosures is free of charge, but there may be a charge for additional accounting depending on the size of the accounting and the frequency of your request. We are only obligated to keep up to six years of an accounting.



- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### **Mental health provider's Duties:**

- Our office is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- Our office reserves the right to change the privacy policies and practices described in this notice. Unless our office notifies you of such changes, however, we are required to abide by the terms currently in effect.
- If our office revises our policies and procedures, we will post it in the office, provide you a copy upon request, and provide it to all subsequent new clients.

#### **V. Complaints**

If you are concerned that our office have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact in writing, Privacy Officer, who is the Resolute Counseling Office Manager (Orpha Linn), at the address on this form. Only written questions or complaints will be accepted, and all written complaints will be investigated.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

#### **VI. Policy Notice**

Our office will ask you to sign a form that will be included in your medical record that you have either received a copy of the Privacy Notice or that you have declined to receive a copy of the Privacy Notice.

#### **VII. Disclosure Statement**

You will be treated by a counselor who has an active and valid license through the state of Pennsylvania and is credentialed as a Nationally Certified Counselor. This counselor has received their education from accredited universities and has completed all the necessary steps to obtain and maintain their license. You are free to ask your counselor questions about their education and their areas of expertise, which would include trainings they have completed in these areas.

Listed below is information that is required by law to be disclosed:

##### **1. Counselor – Michael Linn**

Bachelor's Degree from Penn State University in Human Development and Family Studies in December 2003

Master's Degree in Secondary Counselor's Education in May of 2006

Obtained Licensed Professional Counselors designation in September of 2009; License #PC005312

Obtained Nationally Certified Counselor designation in September of 2009; NCC #250526

##### **3. Counselor – Kristine Steinour**

Bachelor's Degree from Shippensburg University in Psychology in December 2002

Master's Degree from Shippensburg University in Mental Health Counseling in August 2005

Obtained Nationally Certified Counselor designation in November 2008

Obtained Licensed Professional Counselor designation in May 2007; License #PC004572



**Fee Schedule**

**Initial Intake for counseling – Insurance rate is billed at \$170.00 per hour**

**60 minute counseling session – Insurance rate is billed at \$115.00 per hour**

**Out of pocket cost for an hour long session without using insurance - \$90 per session**

**Court consultation fee - \$180 per hour (including travel time, time waiting to testify, and testifying time)**

**\*It is important to review what your allowable rates are for each insurance plan and specifically what your insurance plan creates as the allowable rate. If you have questions, we will be happy to assist in explaining to you what you will be responsible for when it comes to payments for sessions.**

**This information is required by the Pennsylvania Board of Social Workers, Marriage and Family Therapists, and Professional Counselors. If you have any questions or complaints about services you are receiving from your counselor, you can contact:**

**Commonwealth of PA  
Bureau of Occupational Affairs  
Board of Social Workers, Marriage and Family Therapists, and Professional Counselors  
PO Box 2649  
Harrisburg, PA 17105  
717-783-1389**



**\*I acknowledge that I have reviewed the information presented in this document (Notice of Policies and Practices to Protect the Privacy of Your Health Information) and understand my rights.**

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**Client Signature**

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**Date**