



CURRENCE CONSULTING LLC
CHANGING LIVES. ONE MIND AT A TIME

NOTICE OF PRIVACY PRACTICE

(Effective 4/14/03)

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

As part of my role in providing psychological services to you, I will be handling information about you that is personal. Federal and State law determine how this information is handled. To comply with these laws, I request that you accept and review this Notice and then sign an Acknowledgement Form, which states that you have been given an opportunity to review this Notice of Privacy Practices and that you have been offered a copy of this Notice for your records.

I am allowed by law to use and disclose information about you for three purposes: 1) treatment, 2) payment (when applicable), and 3) health care operations. If any protected health information (PHI; information in your health record that could identify you) is to be used for any other purpose, a written authorization from you will be requested. Other information about your rights and policies regarding our PHI are described below.

Types and Uses and Disclosures

Treatment: Consultation, diagnosis, providing care and referrals. Examples of treatment disclosures include the disclosure of psychological information about you to your primary care physician or other health care providers to assist in your diagnosis and treatment.

Payment: everything related to billing and collection of fees or service.

Health Care Operations: Things that I need to do to maintain the quality of services that you receive, such as if I hire an administrative assistant who may contact you to schedule and confirm appointments.

Uses and Disclosure Requiring Authorization

Written permission is required for specific disclosures 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 information. I will also need to obtain an authorization before releasing your "psychotherapy notes" (notes I will make about your conversations during a private, group, couples, or family counseling session). Psychotherapy notes are given a greater degree of protection than PHI. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization or 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.

Used and Disclosures with Neither Consent nor Authorization

I may use or disclose your protected health information (PHI) without your consent or authorization in the following instances: **Serious Threat to Health or Safety.** If I believe you possess a clear and substantial risk of imminent serious harm to yourself or another person, I 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.

Victims of Domestic Violence and Abuse as Required by Law. This includes situations involving a child, elder or person who is mentally retarded that would involve abuse, neglect or exploitation. I may disclose your PHI to the government agency or entity that is authorized to receive such information as mandated by federal and state laws if I believe that these situations are occurring.

Judicial or Administrative Proceeding. Disclosure of PHI in response to an order of a court or administrative tribunal (as explicitly authorized), to the extent that such disclosure is expressly authorized, in certain situations in response to a discovery request, subpoena, or other process governed by law.

Government Oversight. May include information to a public health authority, a health oversight agency, a coroner or medical examiner, the military, Veterans Affairs, or another entity for national security purposes.

Worker's Compensation Laws. If you file a worker's compensation claim, I may be required to give you mental health information to relevant parties and officials.

Other Situations as Requested by Law. If required by law, use and disclosure will be limited to the relevant requirements of the law. You will be notified as required by law of any such use and disclosure of your PHI.

Currence Consulting LLC.
4625 Morse Road, Suite 201
Gahanna, OH 43230
(614) 478-3131



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Patient 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 that you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. For example, you may not want a family member to know you are seeing a therapist. Upon your request I will send your bills or contact you at another location.

Right to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your mental health records for as long as I maintain your records. Upon your written request and after 30 days, I will discuss with you the details of the request process. (For a copy of your PHI and/or psychotherapy notes, an initial fee of \$25 is charged, and for data recorded on paper the following amounts are charged: one dollar per page for the first ten pages, fifty cents per page for the pages eleven through fifty, and twenty five cents per page for the pages fifty-one and higher.)

Right to Amend. You have the right to request an amendment of PHI and psychotherapy notes for as long as PHI and psychotherapy notes are maintained in the record. I will put in your record the changes you request; however, these changes are added to the record; no portions of the record are deleted. ON your request, I will discuss 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 under Uses and Disclosures with Neither Consent nor Authorization). On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy of this Privacy Notice. You have the right to obtain a paper copy of this notice upon request, even if you have agreed to this notice electronically.

My Duties

I am 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.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will post a revised copy in the waiting room, and I will offer you an opportunity to receive a copy of this revised policy.

Questions and Complaints

If you have questions about this notice, disagree with a decision made about your PHI or have other concerns I encourage you to discuss them with me. If you believe that your privacy rights have been violated, and you wish to make a written complaint you may send it to: Secretary, U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or email HHS.Mail@hhs.gov. I will not penalize you for filing a complaint.

I acknowledge that I have received a copy and been provided an opportunity to review the Notice of Privacy Practices of Currence Consulting, LLC.

Signature of Patient/Guardian

Printed Name of Patient/Guardian

Date

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