

Notice of Privacy Practices

*Protecting the security and privacy of clients' Personal Health Information (PHI) is very important to Moonflower Senior Counseling, PLLC. The following notice tells you about our duty to protect your PHI, how the practice/staff of the practice may use or disclose your health information, your privacy rights, and how you can gain access to it. **Please Review This Notice Carefully.***

Your health record contains personal information about you and your health. This 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"). This Notice of Privacy Practices describes how Moonflower Senior Counseling, PLLC may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We 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.

Except as described in this Notice, we may not use or disclose health information which identifies you without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. The revocation will not affect health information that we used or disclosed prior to your revocation.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We most commonly use or disclose your health information for care and treatment, payment for services rendered, or for our healthcare operations.

For Treatment. Your PHI may be used and disclosed by those who are 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. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and/or disclose PHI so that we receive payment for the treatment of services provided to you. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee

review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (billing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. This notice details circumstances where disclosures are required and/or permitted by law. We will comply with any lawful request or requirement.

We are also allowed and sometimes required by law, to share your health information in other ways, usually in ways that contribute to the public good. Moonflower Senior Counseling is permitted by HIPAA to use or disclose your health information (except information about substance use disorder services) Without Authorization for the following additional purposes:

- **Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect of vulnerable populations such as children, the elderly, or the disabled.
- **Suicidal Ideation.** We may disclose your PHI to the police if you threaten to kill yourself and are unable or unwilling commit to a safety plan with your counselor. If we deem it necessary to seek hospitalization on your behalf, we will make every effort to discuss this with you before taking any action.
- **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a judicial subpoena (with authorization) or similar process, as required by law. Unlike other medical records, in order for us to release mental health records or substance abuse records under a subpoena, the subpoena must be accompanied by a court order authorizing the issuance of the subpoena.
- **Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- **Public Health and Safety.** We may disclose your PHI if 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.
- **Oversight Activities, Government Functions and Workers' Compensation.** We may disclose your health information to certain government agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to compliance with the law. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody. We may disclose your health information as necessary to comply

with workers' compensation laws, including reporting cases of occupational injury or illness to your employer, as required by law.

- **Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A Release of Information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- **Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. We will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- **Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- **Appointment Reminders.** We may use and disclose your health information to remind you of an appointment. For example, Moonflower Senior Counseling may use telephone and/or text message reminders.

YOUR RIGHTS REGARDING YOUR PHI

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. To exercise any of these rights, please submit your request in writing to kimberly@moonflowerseniorcounseling.com

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy.

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. We 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. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a

health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

Breach Notification. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice. You have the right to a copy of this notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

When You Have the right and choice to tell us how we share your health information

- With your verbal permission we may use or disclose your information to family members that are directly involved in your treatment.

Only With Your Written Authorization:

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. We will **never** share your health information unless you give us written authorization, for the following purposes: marketing purposes; fundraising purposes; research; sale of your health information to a third party; substance abuse treatment records (unless required by law); most uses and disclosures of psychotherapy notes (which are separated from the rest of your medical record) and other uses and disclosures not described in this Notice of Privacy Practices.

CHANGES TO THIS NOTICE

We may update this Notice at any time and updates will be effective for all health information that we maintain about you. We will post on our website any revisions made to this Notice. You may also choose to request an updated copy in person or via mail.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with the U.S. Department Health and Human Services Office of Civil Rights at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 1-800-368-1019 or by visiting their website at <https://www.hhs.gov/ocr/complaints/index.html>. We will not retaliate against you for filing a complaint.

PRIVACY CONTACT: Kimberly Eerkes, Licensed Clinical Social Worker, Owner.

Contact information: email: kimberly@moonflowerseniorcounseling.com 512-766-1497.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on October 20, 2022

This notice was updated January 11, 2025