



Marcie Edmonds, MC, LPC
Licensed Professional Counselor

NOTICE OF PRIVACY RIGHTS and 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.

Your health record contains personal information about you and your health. This information may identify you and relates to your past, present, or future physical or mental health or condition and related health care services. This information is referred to as Protected Health Information (PHI). This Notice of Privacy Rights and Practices describes how I may use and disclose your PHI in accordance with applicable law and professional codes 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 your PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this Notice. I reserve the right to change the terms of this Notice at any time. Any new Notice will be effective for all PHI that I maintain at the time. I will provide you with a copy of any revised Notice of Privacy Rights and Practices at your request.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: I may use your PHI 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 disclose your PHI to any other consultant only with your authorization.

For Payment: I may use and disclose your PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. This may include determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of your PHI necessary for purposes of collection.

I may call you by name in the waiting room when I am ready to see you for an appointment.

When communicating by telephone, I will provide information to clients only about their care, or to the parents/legal guardians of minors. Exceptions to this are noted elsewhere in this Notice.

I will collect administrative and clinical information from you.

Required by law: Under the law, I must make disclosures of your PHI to you upon your request. In addition, I 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.