

# Colorful Reflections Counseling

Charaya Upton

P: 865-214-7244

Email: [charaya@colorfulreflectionsounseling.com](mailto:charaya@colorfulreflectionsounseling.com)

Address: 123 Center Park Drive

Knoxville, TN 37922

## Notice of Privacy Practices

**Effective December 2021**

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

**Your confidential patient information in accordance with the Tennessee state and Federal laws and the ethics of the counseling profession as written by ACA.**

### Patient Rights:

1. **You have the right to request where we contact you:** Home phone, cell phone, work phone, text, email, if not how you wish to be contacted. Be aware there are inherent confidentiality risk with electronic communication.
2. **You have the right to release your patient records:** Written authorization is required for records of any kind including verbal communication about your records to be released to others.
  - a. \*You have the right to revoke a release at any time in writing.
  - b. \*Revocation is not valid on record or information provided prior to the revocation.
3. **You have the right to access your medical records:** You have a right to copies of your records. This includes both billing and case records. If copies are required, you will be charged the copying and mailing costs for these services. The therapist has the right to deny copies of full case records if the therapist determines it would be harmful to the patient to receive such information. The client has a right to appeal this denial in writing. This appeal will be filed in the client's record.
4. **You have the right to add information or amend your records.** You have the right to request in writing that information be added or amend in your record. Your request will be reviewed and responded to within 30 days of receiving the written request. If denied, you have a right to file a disagreement statement. Your disagreement statement and the response will be filed in the record.
5. **You have a right to an accounting of all disclosure of your records 7 years from your last day. If you are requesting your minor child records the records will be available, the 7 years or the 21st birthday in accordance to Tennessee Law.** This includes disclosure for treatment, payment, or healthcare filings. Disclosures pursuant to a signed release, disclosure made to you as a patient, disclosures for national security or law enforcement as required by law.
6. **You have a right to request restriction on uses and disclosures of your health care information.** These requested restrictions must be made in writing. If your therapist does not agree with the requested restrictions their denial of this request will be provided to you in writing with the reasons for the denial in writing. The denial along with the request will be filed in your patient record.
7. **You have the right to complain regarding your treatment you have received from your provider.** You have the right to complain regarding the treatment you have received from your provider. Please contact the provider first to give them the opportunity to address the issue. If you are not satisfied, you have the right to complain to the TN Board of Health at the following site: [http://health.state.tn.us/boards/PC\\_MFT&CPT/](http://health.state.tn.us/boards/PC_MFT&CPT/) for Professional counselors. You have a right to make this complaint with no retaliatory action on the part of your provider.
8. **While you are an "active" patient you have the right to provide a written request to receive notice of any future changes to regulations on the protection of your health information.**

## USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR THE PURPOSES OF PROVIDING SERVICES.

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allows us to use and disclose your health information for these purposes.

### **TREATMENT**

Your healthcare information will be used and disclosed to provide, manage and coordinate care. Situations under which this could occur would be the need to get or provide consultation for the coordination of care by multiple providers or in the event a referral was requested or needed.

### **PAYMENT**

Your healthcare information will be used and disclosed with your signed consent to verify insurance and coverage and to process insurance claims and collect fees.

### **HEALTHCARE OPERATIONS**

Your health information could be used and disclosed for the purpose of the review of treatment procedures, review of business activities, compliance and licensing activities.

### **DISCLOSURE WITHOUT YOUR CONSENT**

There are a few instances in which the law requires disclosure without your consent. These cases are called Mandatory reporting. The following require mandatory reporting: Direct report or evidence of abuse or neglect of a minor child or elderly adult. The eminent threat of harm or death toward anyone including yourself. Reports or evidence of domestic violence. Court-ordered subpoena of any or all case notes and records.

Your healthcare information will be used and disclosed with your signed consent to verify insurance and coverage and to process insurance claims and collect fees.

### **HEALTHCARE OPERATIONS**

Your health information could be used and disclosed for the purpose of the review of treatment procedures, review of business activities, compliance and licensing activities.

**Please sign to signify that you have read and understand your rights and have read this Notice of Privacy and Practices document.**

Sign and date here: \_\_\_\_\_