

**Delyn Hall, LMFT, LCMHC**

Licensed Marriage and Family Therapist in California #119461  
Licensed Clinical Mental Health Counselor in Vermont #068.0134369

## **Notice of Privacy Practices**

### **Your Information. Your Rights. My Responsibility.**

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This notice describes how psychological 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**

I 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 therapist you may have seen.
  - Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose 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 my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my 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. And “*authorization*” is written permission above and beyond 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 progress notes. “*Progress Notes*” are notes I have made about our conversation and interactions 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 progress notes) at any time, provided that 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 condition or 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

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

- **Child Abuse:** If I have reasonable cause to believe that a child has been abused or neglected, I am required by law to report such information within 24 hours to Child Protective Services in the State of California or to the Department of Children and Families in the State of Vermont.
- **Adult or Domestic Abuse:** If I have reasonable cause to believe that an elderly or dependent adult has been abused, neglected, or exploited, I am required by law to report this information to Adult Protective Services in the State of California or Vermont.
- **Health Oversight:** If I receive a subpoena for records from the California Board of Behavioral Sciences, the Vermont Allied Mental Health Board, or another state's licensing board in relation to a disciplinary action, I must submit such records to the board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you if this is the case.
- **Serious Threat to Health or Safety:** If I know that you pose a serious risk of danger to an identifiable victim, I may be required by law to exercise reasonable care to protect such victim. This may include disclosing your relevant confidential information to those people necessary to address the problem. Also, I may disclose your confidential information if I judge disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person.

### IV. Patient's Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of my responsibility to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you for as long as the I maintain the record. If you ask me, I will discuss with you the details of the request process.
- I will provide a copy or a summary of your health information, usually within 30 days of your request.

#### **Ask me to correct your medical record**

- You can ask me to correct health information about you that you think is incorrect or incomplete for as long as the I maintain the record. If you ask me, I will discuss with you the details of the request process.
- I may say "no" to your request, but I'll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.) I will say "yes" to all reasonable requests.

**Ask me to limit what I use or share**

- You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or our operations with your health insurer. I will say “yes” unless a law requires me to share that information.

**Get a list of those with whom I’ve shared information**

- You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel I have violated your rights by contacting me by sending a letter to 71 East Redrock Drive, #104, Burlington, VT 05401-6013 or by calling 802-391-0176
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- I will never retaliate against you for filing a complaint.

**V. Provider’s Responsibilities**

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. Even if you tell me I can share your information in ways other than as described above, you may change your mind at any time. Let me know in writing if you change your mind.

*For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)*

## **VI. Changes to the Terms of this Notice**

I may change the terms of this notice and the changes will apply to all information I have about you. The new notice will be available upon request and in my office.

## **VII. Other Instructions for Notice**

- This notice is effective 09/12/2021
- Privacy officer is Delyn Hall, MA, 71 East Redrock Dr. #104, Burlington, VT 05401-6013. (802) 391-0176  
info@delynhall.com