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THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

My Pledge Regarding Personal Health Information (PHI)

I understand that information about you and your mental and physical health is personal and confidential. Therefore, protecting information about you is important to me. I create a record relating to the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care maintained by Compassionate Mind Center, LLC / Bente Sterrett, LICSW. This notice will tell you about the ways in which I may use and disclose PHI about you. It also describes your rights and certain obligations I have regarding the use and disclosure of PHI.

I am required by law to:

- maintain the privacy of PHI;
- give you this notice of our legal duties and privacy practices with respect to PHI; and
- follow the terms of the notice that is currently in effect.

How I May Use and Disclose PHI About You

The following categories describe different ways that I may use and disclose PHI about you, along with some examples. Not every use or disclosure in a category will be listed.

For Treatment. I may use PHI about you to provide you with service/treatment. I may disclose PHI about you to doctors, nurses, technicians, or other health care and mental health professionals who are involved in taking care of you. For example, a doctor treating you for a mental health condition may need to know about health conditions that may be affected by certain mental health medications. Different professionals also may share PHI about you in order to coordinate the different things you need, such as prescriptions or lab work. I also may disclose PHI about you to people outside of Compassionate Mind Center, LLC who may be involved in your service/treatment after you leave Compassionate Mind Center.

For Payment. I may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. I may also use and disclose PHI about you to obtain prior approval or to determine whether your insurance will cover the treatment.

Appointment Reminders. I may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care; although I will only do so with your permission.

Treatment Alternatives. I may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. I may release PHI about you to a friend or family member who is involved in your service/treatment. I may also give information to someone who helps pay for your care. However, I will only do so with your written permission.

As Required By Law. I will disclose PHI about you when required to do so by federal, state or local Law.

To Avert a Serious Threat to Health or Safety. Consistent with state law, I may use and disclose PHI about you when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will only be to someone who is able to help prevent the threat.

Workers' Compensation. If I provide you services for a work-related injury, I may release PHI about you to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses, to the extent permitted by state law.

Reports Required by Law. I may disclose PHI when I am legally required to do so. For example, I may use PHI to make mandatory reports to various government agencies about communicable diseases; clients whom I believe to be victims of child abuse, mistreatment, or neglect; problems with medical and other products, and reactions to medications; and certain types of deaths and injuries.

Health System Oversight Activities. I may disclose your PHI to government agencies authorized by law to license, audit, inspect, or investigate health and mental health care providers and the health and mental health care systems.

Legal Proceedings. I may disclose PHI pursuant to a valid court order, search warrant, and, under certain circumstances, in response to a subpoena or other discovery request.

Death Certificates. I may release a copy of the death certificate of a deceased patient to funeral directors and/or medical examiners, in accordance with state law.

When My Use or Disclosure of PHI Requires Your Prior Written Authorization

I must ask for your written authorization for any uses and disclosures of PHI that are not described above. If you authorize me to use or disclose PHI about you, you may revoke (cancel) that authorization, in writing, at any time. If you revoke your authorization, thereafter I will no longer use or disclose PHI about you based on the authorization. You understand that I am unable to take back any disclosures I have already made with your permission, and that I am required to retain my records of the care that I provided to you. I can revoke an authorization by written request to Bente Sterrett (see contact information at top of form).

Your Rights Regarding Information About You

You have the following rights regarding PHI I maintain about you:

Right to Review and Receive a Copy. You have the right to review and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes service and billing records, but does not include psychotherapy notes. To

review and receive a copy of PHI that may be used to make decisions about you, you must submit your request in writing to Bente Sterrett (see contact information at top of form). If you request a copy of PHI, I may charge a fee for the costs of copying, mailing and other supplies associated with your request, as permitted by law. I may deny your request to review and receive a copy of PHI in certain circumstances. If you are denied access to PHI about you, I will tell you, in writing, my reason(s) for the denial. Instead of providing the information you requested, I may offer to give you a summary or explanation of the information, as long as you agree to it, and to the associated cost, in advance.

Right to Amend. If you feel that PHI I have about you is incorrect or incomplete, you may ask me to fix the information. You have the right to request a correction for as long as the information is kept. Your request for a correction must be made in writing and include a reason for the request. You should submit your request to Bente Sterrett (see contact information at top of form). I may deny your request for a variety of reasons. If I deny your request, I will inform you in writing of the reason(s) for the denial. If I agree to your request, I will change your information, inform you of the change, and tell others who need to know about the change to your information.

Right to a List of Disclosures. You have the right to an accounting of instances in which I disclosed PHI about you to others. Some disclosures will not be listed, however. For example, the list will not include disclosures made for the purpose(s) of treatment, payment, or health care operations, or disclosures that you authorized or that were made directly to you. I will report disclosures made within the six years prior to your request, unless you request a shorter timeframe. If you ask for more than one accounting within a twelve-month period, I may charge you a fee for every accounting provided after the first one. To get a list of disclosures you must submit a request to Bente Sterrett (see contact information at top of form).

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI about you I use or disclose for the purpose(s) of treatment, payment or health care operations. I will consider your request but am not legally required to agree to it. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Bente Sterrett (see contact information at top of form). In your request, you must tell me (1) what information you want to limit; (2) whether you want to limit my use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that I communicate with you about service/treatment matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. I will agree to your request as long as I can easily provide the information in the way you request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Changes to this Notice

I reserve the right to change this notice at any time. Any change I make will apply to PHI I already have as well as any information I receive in the future. I will post a copy of the current notice in the Compassionate Mind Center waiting room.

Person to Contact for Information About This Notice or to File a Complaint About My Privacy Practices

If you have any questions about this notice, wish to exercise any of the rights explained in it, or file a complaint about my privacy practices, feel that I may have violated your privacy rights, or disagree with a decision I made about your PHI, please contact Bente Sterrett (see contact information at top of form).

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I will not retaliate against you for filing a complaint.

