

Notice of Privacy Practices

Tim Courtois, M.A., Licensed Professional Counselor
talktotim@timcourtois.com
(734) 531-8109

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Of all my the forms you'll need to go through, this one is probably the least fun to read, but I've worked to make it as quick and painless as possible. By law, I have to provide you with a description of the laws that govern your privacy (just like the forms you get when you go to a doctor or any other health care professional).

My goal in this document is to make the laws that determine how counselors (like me) must operate with regard to your privacy as simple and understandable to you as possible. Since this is a summary, it does not include every detail that is covered by those laws, but focuses on those that are most relevant. You may ask for clarification if you need it on any point.

I. What information is covered?

The information that is protected by the law is any information that I possess or create that is identifiable as being linked to you, whether the documents containing that information have your name on them or not.

II. Situations in which your private information may be used:

1. For Treatment, Payment, and Health Care Operations

“Treatment”: I may use your private information to provide treatment to you. This includes counseling sessions, and communicating as needed with other health care professionals who provide treatment to you.

“Payment”: I may use your private information to obtain fees owed for counseling services. For example, I can use your credit card information to charge you for your sessions through your credit card company. Also, the law permits me to communicate with your insurance company to help you obtain reimbursement. (However, if you have paid for services out-of-pocket, in full, you have the right to tell me not to disclose anything to your insurance company.)

“Health Care Operations”: I may use your private information for health care operations. This refers to the things I do to conduct and improve my work for you, such as using of your information to consult with other counselors or to assess the quality and evaluate the outcomes of my work.

2. To contact you

The law allows me to use your private information to contact you (i.e., to remind you of appointments or provide you with additional information or resources). The law also allows me to contact you for fundraising purposes; however, you may opt out of such communications.

3. When required by law

In addition, there are some situations in which I am required by law to disclose private information. Some of these include:

A. Most common instances: I am required by law to report suspected child abuse or elder abuse to the proper authorities. Those authorities will then respond appropriately to that report according to governing laws. (This does not necessarily mean that such a report will result in prosecution, or even that the perpetrator of the abuse will find out that a report has been made. It simply means that, as a counselor, I am responsible to report it.) If I have reason to believe you are in danger of killing yourself or harming someone else, HIPAA permits and Michigan law requires me to make reasonable attempts to communicate this threat to appropriate third parties who are able to intervene and/or who are at risk.

B. More obscure instances: If you are a part of a legal proceeding, there are some conditions in which I may be required to disclose private information. I may also release private information if asked to do so by a law enforcement official to investigate a crime. I may also release private information to government agencies who check to see that counselors are obeying the privacy laws, public health agencies investigating diseases and illnesses, and to worker’s compensation programs.

4. Special considerations for minors

For clients who are minors, parent(s) or guardian(s) have the legal right to know what is going on in the client’s counseling. Communication with them is not a breach of confidentiality.

III. How your private information would be disclosed

In all instances, my disclosure of your private information must be done with an interest to protecting your privacy. Even when the law allows me to disclose information, I am

bound to do my best to disclose as little information as possible while still remaining in compliance with the laws and providing the best possible care to you.

IV. Further disclosures will only be made with your permission.

Any disclosures of your information apart from those described in this notice can only be made with your written consent—which you are also free to revoke at any time. This includes using your information for marketing purposes, sale of your information, and most sharing of psychotherapy notes. Further, the law requires that I notify you if there is a breach of your private information.

V. Your rights and how you may exercise them

You have the right to request that I restrict disclosures of your private information beyond the requirements of the law. However, I am not obligated to agree to such a request.

You have the right to express your preferences regarding how and where I contact you. I am obligated to comply with such requests within reason.

You have the right to inspect and copy your records. If you ask to do so, I will provide you with assistance in interpreting your records. I will limit your access to your records only when such access threatens your life or physical safety.

You have the right to ask me to correct your records if you believe them to be incomplete or inaccurate. I am obligated to respond to such requests within 30 days, either by amending/correcting your private information, or explaining why I have not done so.

You have the right to ask me for an accounting of all the instances in which I have disclosed your private information—apart from disclosures to you, and disclosures related to treatment, payment, or health care operations.

Finally, you have a right to receive a printed copy of this notice of privacy practices upon request.

VI. My duties with regard to your private information

I am obligated to maintain the privacy of your health information, and to provide you with this Notice of legal duties and privacy practices. Of course, I am also obligated to abide by the terms of this notice. This notice may be changed to comply with changes in the

laws as they occur. If a change is made, I will provide you with an updated Notice of Privacy Practices either by e-mail or in person at your next counseling appointment.

VII. Your right to complain

If at any time you believe that your privacy rights have been violated, you may contact me directly to express your concern. You will not be retaliated against in any way for expressing concerns or complaints about your privacy. If you are not satisfied with the outcome, you may file a complaint with the U.S. Department of Health & Human Services:

U.S. Department of Health & Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/

As the sole proprietor of Tim Courtois LLC, I am also the designated "Privacy Officer" to handle any complaints or to provide further information regarding this notice and how it applies to you. You may contact me at any time. (talktotim@timcourtois.com)

Effective date of this notice:

This notice went into effect on June 1, 2018