



**Avers & Biddle Counseling Associates LLC**  
1681 Crown Avenue Suite 10 Lancaster, PA 17601  
PHONE (717) 208-6686 FAX (717) 208-6687

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS CAREFULLY.

You are receiving this notice because we are committed to treating and using protected health information about you in a responsible manner. Avers & Biddle Counseling Associates LLC is required by federal and Pennsylvania law to keep your health information confidential. This Notice of Privacy Practices describes the health information we collect, how and when we use or disclose it, and your rights under the law.

### **Understanding Your Health Record**

The information in your record can be placed into two categories; Personally Identifiable Information (PII) and Protected Health Information (PHI). PII includes data such as your name, contact details, and payment information. We use this information for scheduling, administrative, and communication purposes. PHI includes details such as your mental health status, treatment history, session notes, and insurance claims; which can be linked to a specific individual. PHI is regulated under HIPAA to ensure your privacy and confidentiality.

Each time you have a visit with your therapist, they create a record of your session. The information they collect from you is called protected health information. This information goes into your record in our office.

Your protected health information includes the following:

- Your history: Childhood experiences, abuse history, school/work experiences, relationship history, etc.
- Reasons you came for treatment: symptoms, complaints, diagnoses
- Progress notes and treatment plans
- Records from others providers or evaluators
- Psychological test scores, school records, and third party reports
- Medication history
- Billing and insurance information
- Legal Matters

Your protected health information is used or shared for various reasons. It is a valuable tool that helps with the following:

- Planning and coordinating your treatment
- Evaluating treatment effectiveness

- Internal supervision and clinical collaboration
- Educating healthcare professionals
- Communicating with external providers (e.g., your primary care physician)
- Submitting accurate insurance claims
- Operating our practice efficiently to assure you receive the best care possible

## **Privacy and the laws about privacy**

Although your health care records in this office are the physical property of Avers & Biddle Counseling Associates LLC, the information within them belongs to you. We want to assist you in making informed decisions about who has access to your health information. Avers & Biddle Counseling Associates LLC is required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your medical information private and to give you this notice about our legal duties and our privacy practices.

## **Uses and Disclosures About Your Health Information**

After you have read this notice, Avers & Biddle Counseling Associates LLC requests you provide your signature to allow us to share your information in the ways described below. If Avers & Biddle Counseling Associates LLC needs to use, send, or release your information for any other purpose not covered in this notice, your therapist will discuss it with you and request that you sign a separate release of information form.

### **1. Uses and disclosures with your consent**

*For treatment.* We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological or vocational testing; treatment planning; or measuring the benefits of our services. Avers & Biddle Counseling Associates LLC may share your protected health information with others who provide treatment to you. If you are being treated by a team, your therapist can share some of your PHI with the team members, so that the services you receive will work best together. Your therapist may refer you to other professionals or consultants for services they cannot provide. When we do this, we need to tell them things about you and your conditions. Your therapist will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, Avers & Biddle Counseling Associates LLC can also share your protected health information with them.

*Clinical collaboration and supervision.* If your therapist is under clinical supervision (e.g., for licensure) or seeks peer consultation to enhance your treatment, they may share aspects of your PHI with a supervisor or qualified colleague. These professionals are also bound by confidentiality and privacy laws. This process helps ensure your therapist receives guidance and feedback to provide you with safe, ethical, and effective care. Additionally, we may use de-identified or limited PHI to help train therapists, interns, or other professionals who are gaining experience in the field of mental health.

*For payment.* Avers & Biddle Counseling Associates LLC may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you.

*Appointment reminders.* We may use and disclose your protected health information to reschedule or to remind you of appointments for treatment or other care.

*Treatment alternatives.* We may use and disclose your protected health information to tell you about or recommend possible treatments or alternatives that may be of help to you.

*Other benefits and services.* We may use and disclose your protected health information to tell you about health-related benefits or services that may be of interest to you.

*Operating Our Practice Efficiently.* To manage our practice effectively—such as improving scheduling, billing accuracy, or treatment workflows—we may use PHI internally. For example, your information might be used to analyze patterns in service delivery or identify areas for operational improvement. In all cases, only the minimum necessary information is accessed by trained staff.

*Business associates.* Avers & Biddle Counseling Associates LLC hires other businesses to do certain tasks for us. In the law, they are called our “business associates.” Examples may include a copy service to make copies of your health records, or a billing service to calculate and mail our bills. These business associates need to receive some of your protected health information to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

Except in some special circumstances, when we use your protected health information or disclose it to others, we share only the minimum amount of information necessary. The law gives you rights to know about your protected health information, to know how it is used, and to have input into how it is shared. Avers & Biddle Counseling Associates LLC will use and disclose your protected health information for routine purposes to provide for your care, as explained above. For other uses, we must tell you about them and ask you to sign a written authorization form.

## 2. Uses and disclosures that require your authorization

If we want to use your information for any purpose besides those described above, we need your written permission. If you do allow us to use or disclose your protected health information, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, Avers & Biddle Counseling Associates LLC cannot take back any information we have already disclosed or used with your permission. Much of your health information is protected under the Pennsylvania law and considered to be highly confidential. Highly confidential information includes treatment information about drug or alcohol abuse or dependence, mental health treatment information, HIV-related information; and sexual assault counseling records. Avers & Biddle Counseling Associates LLC is not usually permitted to disclose your highly confidential health information unless you authorize us to do this.

## 3. Uses and disclosures that don't require your consent or authorization

The law lets health professionals use and disclose some of your protected health information without your consent or authorization in some cases. Here are some examples of when we might do this.

*When required by law.* There are some federal, state, or local laws that require us to disclose PHI. We are required to report suspected child abuse. If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. We must disclose some information to the government agencies that monitor us to see that we are obeying the privacy laws.

*For law enforcement purposes.* We may release medical information if asked to do so by a law

enforcement official to investigate a crime or criminal.

*For public health activities.* We may disclose some of your PHI to agencies that investigate diseases or injuries.

*Relating to descendants.* We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

*For specific government functions.* We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

*To prevent a serious threat to health or safety.* If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

#### 4. Uses and disclosures where you have an opportunity to object

We can share some information about you with your family or anyone else you choose. We will ask you which persons you want us to tell, and what information you want us to tell them, about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law.

In an emergency, when we are unable to ask for your consent, we may share relevant information if we believe it is in your best interest and consistent with what you would likely want. We will inform you of the disclosure as soon as possible. If you object to the disclosure, we will stop sharing your information unless doing so would violate legal requirements.

#### 5. An accounting of disclosures Avers & Biddle Counseling Associates LLC has made

When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what was sent. You can get a list of many of these disclosures.

### **Your rights concerning your health information**

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask your therapist to call you at home, and not at work.

2. You have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. Avers & Biddle Counseling Associates LLC do not have to agree to your request, but if we do agree, we will honor it except when it is against the law, in an emergency, or when the information is necessary to treat you.

3. You have the right to look at or get copies of your health information, with limited exceptions. You must submit a request in writing and there is a fee for the cost of making copies. In some rare cases, we may deny your request to look at or get a copy of your health information. If we do, we will explain these reasons to you.

4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You must make this request in writing and explain the reasons you want to make the changes.

5. You have the right to a copy of this notice. If Avers & Biddle Counseling Associates LLC changes this notice, we will post the new one in the waiting area as well as give you a copy.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above.

#### **If you have questions or problems**

We will obey the rules described in this notice. You can obtain a copy from your therapist at any time. It is also posted on our website at [www.aversandbiddlecounseling.com](http://www.aversandbiddlecounseling.com). If you need more information or have questions about the privacy practices described above, please speak to your therapist. As stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. If you have any questions or problems about this notice or our health information privacy policies, please contact us at (717) 208-6686 or by email at [hannah@aversbiddlecounseling.com](mailto:hannah@aversbiddlecounseling.com). The effective date of this notice is January 1, 2017.

By signing this form, you are agreeing to let us use your PHI and to send it to others for the purposes described above. Your signature acknowledges that you have read or heard our notice of privacy practices, which explains in more detail what your rights are and how we can use and share your information. We cannot treat you if you are unwilling to sign this form agreeing to our privacy practices. If changes are made to our privacy practices or how we use and share your information, we will post the new policy on our website at [www.aversandbiddlecounseling.com](http://www.aversandbiddlecounseling.com) as well as provide you a new copy. If you are concerned about your PHI and do not want certain information shared, please notify us in writing about what you do not want disclosed. We are not required to accept these limitations but if we do agree, promise to do as you asked. After you have signed this consent, you have the right to revoke it by giving us this request in writing. We will then stop using or sharing your PHI, but we cannot change information that we may already have used or shared.

\_\_\_\_\_  
Signature of client or his or her personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or personal representative

\_\_\_\_\_  
Relationship to the client

\_\_\_\_\_  
Description of personal representative's authority

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Signature of Witness

☐ Accepted Copy

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