

CAITLIN McGOLDRICK LMHC, NCC

Providence, RI 02903

401-230-5544

caitlinmcg.counseling@gmail.com

NOTICE OF PRIVACY PRACTICES

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy in the waiting area, or by mailing you a copy upon your request, or by providing one to you at our next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

FOR TREATMENT – Your PHI may be used and disclosed for the purpose of providing, coordinating, or managing your health care treatment and other related services. This includes my consultation with your primary physician or another health care provider involved in your care (in either case your written authorization will first be obtained).

FOR PAYMENT - Your PHI may be used and disclosed so that I can receive payment for the treatment services provided to you. Examples of payment-related activities include but are not limited to: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

FOR HEALTH CARE OPERATIONS - Your PHI may be used and disclosed in support of activities that are required for the operation of my practice. Examples of operations-related activities include but are not limited to: quality assessment and improvement activities, licensing, audits and administrative services.

Uses and disclosures requiring your authorization: Uses and disclosures of your PHI not specifically permitted by applicable law will only be made with your written authorization. You have the right to revoke

this authorization provided you do so in writing.

Uses and disclosures NOT requiring your authorization or consent: The law allows for and/or requires the use and disclosure of your PHI in the following circumstances:

- To report suspected abuse and/or neglect of a child, vulnerable elder or person with a handicap.
- To aid in court ordered judicial and administrative proceedings. Further authorization is required for information pertaining to substance use and HIV/AIDS status.
- To fulfill mandatory government agency audits or investigations.
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual and/or the public. This includes clear and present risks of suicidal or self-injurious behavior, homicidal or violent behavior and the duty to warn potential targets of violence.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI I have about you is inaccurate or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. You may not, for example, want a family member to know you are in treatment with me. Upon your request I would not call you at home.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights you may contact me to discuss the situation. You also have the right to file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257 or with the Board of Registration in Massachusetts. I may not retaliate against you for filing a complaint.

The effective date of this Notice is August 19, 2021.