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NOTICE OF PRIVACY PRACTICES & CLIENT'S RIGHTS

This notice describes how healthcare information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This document may be updated without notice so please review it each time you visit us. A copy of this statement is always available upon request.

All information revealed by you during psychotherapy with **Stacey L. Jackson, LPC**, and most information placed in your psychotherapy file. This record is needed to provide you with quality care and to comply with certain legal requirements. All psychotherapy records, or other individually identifiable health information held, or disclosed in any form [electronic, paper, or oral] is considered "protected health information (PHI)" by the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. As such, your protected *health information cannot be distributed to anyone else without your express informed and voluntary written consent or authorization*. The exceptions to this are defined immediately below.

Use of disclosure of the following protected health information does not require your consent or authorization:

1. For Treatment Payment, or Health Care Operations: *Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider.*
2. Uses and disclosures required by law – *like files court-ordered by a Judge*
3. Uses and disclosures about victims of abuse, neglect, or domestic violence – *like the Duties to Warn explained in your counselor's/therapist's Disclosure Statement*
4. Uses and disclosures for health and oversight activities – *like correcting records or correcting records already disclosed*
5. Uses and disclosures for judicial and administrative proceedings – *like a case where you are claiming malpractice or breach of ethics*
6. Uses and disclosures for law enforcement purposes – *like if you intend to harm someone else (see Duties to Warn in your counselor's/therapist's Disclosure Statement)*
7. Uses and disclosures for research purposes – *like using client information research; always maintaining client confidentiality*
8. Uses and disclosures to avert a serious threat to health or safety – *like calling Probate Court for a commitment hearing*
9. Uses and disclosures for Workers' Compensation – *like the basic information obtained in counseling/therapy because of your Worker's Compensation claim.*
10. Your PHI may be used and disclosed to contact you to remind you that you have an appointment.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes: Stacey L. Jackson, LPC keeps “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.

Disclosures to family, friends, or others: Your PHI may be provided to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Client’s Rights with Respect to PHI

- As a client, you have the right to see your counseling/therapy file. *Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.*
- As a client, you have the right to receive a copy of your counseling/therapy file. This file copy will consist of only documents generated by us. You will be charged copying fees @ \$.20/page. *Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.*
- As a client, you have the right to request amendments to your counseling/therapy file.
- As a client, you have the right to receive a history of all disclosures of protected health information. You will be charged copying fees @ \$.20/page.
- As a client, you have the right to restrict the use and disclosure of your protected health information for the purposes of treatment, payment, and operations. If you choose to release any protected health information you will be required to sign a Release of Information form detailing exactly to whom and what information you wish disclosed.
- As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated.

Acknowledgement of Receipt of Privacy Practices & Client’s Rights

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices & Client’s Rights.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTAND AND ACCEPT THE ITEMS CONTAINED IN THIS DOCUMENT.

Client signature if 16 or older

Client/Guardian Signature

Date

