

Notice of Privacy Practices

Yes To You Counseling, LLC

P.O. Box 747

Decatur, MS 39327

Phone: (601)-287-5528

Effective Date: 6/15/25

NOTICE OF PRIVACY PRACTICES

Your Privacy Rights

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of 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 of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office location and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

Your therapist collects health information to provide you with quality care. We use and share your information for purposes including:

- **Treatment:** Coordinating your therapy services.
- **Payment:** Billing your insurance or you for services.
- **Healthcare Operations:** Managing the practice and quality improvement.

For treatment, payment, or running my practice, federal privacy rules let me use and share your personal health information without your written permission. This means I can share your information with other health care providers involved in your care to help with your treatment or to manage billing and operations. For example, if I consult with another licensed therapist or doctor about your condition, I can share the necessary information to help diagnose and treat you, even without your written consent.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep "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.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION. When Your Information May Be Disclosed Without Your Consent:

Mississippi law and HIPAA allow or require us to disclose your information without your authorization in certain situations, including:

- To prevent serious harm to yourself or others.
- When abuse or neglect of a child, elderly person, or vulnerable adult is suspected.
- When required by a court order or law enforcement
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

OTHER REASONS I MAY DISCLOSE YOUR PHI WITHOUT YOUR CONSENT:

- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
- Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. I may share your health information with family members, friends, or others you say are involved in your care or payment, unless you tell me not to. In emergencies, I might share information first and ask for your permission afterward.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. Your Right to Ask for Limits on How I Use or Share Your Information.

You can ask me not to use or share certain health information for treatment, payment, or business reasons. I don't have to agree if I think it might affect your care.

2. Your Right to Ask Me Not to Share Information with Your Insurance.

You have the right to ask that I don't share your health information with your insurance if the service or item was paid for completely by you out of pocket.

3. Your Right to Choose How I Contact You

You can tell me how you want me to contact you—for example, by phone or mail to a different address—and I will try to respect your request.

4. Your Right to See and Get Copies of Your Records

You can ask to see or get a copy of your health records (except for psychotherapy notes). I will provide your records or a summary within 30 days of your written request. I may charge a reasonable fee for copies.

5. Your Right to a List of Disclosures

You can ask for a list of times I shared your health information for reasons other than treatment, payment, or business, or that you authorized. I'll provide this list within 60 days, covering the last six years unless you ask for a shorter time. The first list each year is free; I may charge for additional requests.

6. Your Right to Correct Your Records

If you think something in your records is wrong or missing, you can ask me to fix it or add information. I may deny your request but will explain why in writing within 60 days.

7. Your Right to a Paper or Electronic Copy of This Notice

You can ask for this Privacy Notice as a paper copy or by email, even if you've agreed to get it electronically.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- **Yes to You Counseling, LLC**
P.O. Box 747

Decatur, MS 39327

Phone: 601-287-5528

Email: tiffany@yestoyoucounseling.com

- Or with the **U.S. Department of Health and Human Services** at www.hhs.gov/ocr/privacy/hipaa/complaints/

- We will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Privacy Notice

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 checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.