

Notice of Privacy Practices

Spiral Path Counseling, LLC

Monica Bolio, LCMHC

Notice of Privacy Practices

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.

This Notice of Privacy Practices, effective 5/1/2023, which supersedes any previous Notice of Privacy Practices provided to you, if applicable, describes how I may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations, and for other purposes that are permitted by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical and mental health and related health care services. My practice is dedicated to maintaining the privacy of your PHI.

I am required to abide by the terms of this Notice of Privacy Practices. I may revise or amend the terms of this notice at anytime. The new notice will be effective for all PHI that I have at that time and for future information. I will provide you a copy of this notice and I will provide you with any revised notice.

Monica Bolio, M.A. is required by law to maintain the privacy of your PHI and to provide individuals with notice of any breach of unsecured PHI.

Disclosures:

Under HIPAA regulations, I do not need to obtain permission to use PHI for treatment, payment, or health care operations. I will never disclose your PHI for marketing or sales purposes.

I may use or disclose your PHI without your written permission for the following reasons:

Treatment: I will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This might include coordinating with others who might assist in your care, such as spouses or parents, or other health care providers for purposes related to your treatment.

Payment: Your PHI will be used as needed to obtain payment for your health care services. This may include activities that your health care plan may undertake before it approves or pays for the health care services I recommend for you, such as determining eligibility, review of services, and utilization review.

Health Care Operations: I may use or disclose your PHI as needed in order to support the business activities of this practice. This might include quality assessment, peer supervision, employee review, licensing, or conducting or arranging for other business activities. For instance, I may call your name in the waiting room when ready to see you. Whenever an arrangement between my office and a business associate involves the use or disclosure of your PHI, I will have a written contract that contains terms that will protect the privacy of your PHI.

Emergencies: I may use or disclose your PHI in an emergency treatment situation. If this happens the provider will allow you to object to future disclosures as soon as reasonably practical after the delivery of treatment.

Required by Law: I may use or disclose your PHI if the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: I may disclose your PHI for public health activities and purposes to a public health authority that is required or permitted by law to receive the information. The disclosure will be made for the purpose of controlling or reporting disease, injury or disability. I may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Abuse or Neglect: I may disclose your PHI to a public health authority that is authorized by law to receive reports of child, elder, or disabled persons abuse or neglect. In addition, I may disclose your PHI if I believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to

receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state law.

Food and Drug Administration: I may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, to enable product recalls, or to conduct post marketing surveillance, as required.

Health Oversight: I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings: I may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent that such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: I may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes, if I believe that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. I may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Research: I may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI, or with your written approval.

Military Activity and National Security: When the appropriate conditions apply, I may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of the foreign military service. I may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Worker's Compensation: Your PHI may be disclosed by me as authorized to comply with worker's compensation laws and other similarly legally established programs.

Inmates: I may use or disclose your PHI if you are an inmate of a correctional facility and your provider created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, I must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164.500 et. Seq.

Disclosures Required by Vermont State Law: Vermont law requires reporting in the following cases: Child abuse, neglect or exploitation of vulnerable adults; firearm related injuries; communicable diseases; fetal deaths; cancer, lead poisoning; blood alcohol reporting; duty to warn of harm cases. I will disclose information limited to the relevant requirements of the law. I may also use and disclose your medical information when required to do so by federal, state and local law.

Uses or Disclosures you can Object to:

Others involved in your healthcare: Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, I may disclose such information as is necessary if I determine that it is in your best interest based on my professional judgement. I may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. Finally, I may disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Uses and Treatments for which I will obtain your written authorization:

I am required to obtain your written authorization to use or disclose your medical information for the following reasons. You may revoke an authorization at any time, in writing, except to the extent that we have acted in reliance on it.

Use or Disclosure with Your Authorization: For any purpose other than the ones described above where I do not need your written authorization, I may only use or share your medical information when you grant me your written authorization.

Use and Disclosures of Your Highly Confidential Information: Federal and state law may require special privacy protections for any portion of your medical information that is considered "highly confidential information" including, to the extent applicable, records regarding: (1) psychotherapy notes; (2) mental health and developmental disabilities services; (3) alcohol and drug treatment; (4) HIV/AIDS testing; (5) sexually transmitted diseases(s); (6) genetic testing; (7) child abuse and neglect; (8) abuse of an adult with a disability; (9) sexual assault; or (10) in-vitro fertilization (IVF.) Before sharing your highly confidential information for a purpose other than as permitted by law, I must obtain your written authorization.

Your Rights:

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as I maintain the PHI. A "designated record set" contains medical and billing records and any other records that your provider and the practice uses for making decisions about you. This may not include psychotherapy notes. In order to inspect and/or obtain a copy of your PHI, you must submit a request in writing to Monica Bolio, M.A., Privacy Officer. My practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. My practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional, not involved in your care, chosen by me will conduct reviews. Please contact Monica Bolio, M.A. at (802) 379-6365 if you have questions regarding access to your medical record.

You have the right to request a restriction of your PHI. This means you may ask me not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your provider is not required to agree to a restriction that you may request. If your provider does agree to the requested restriction, I may not use or disclose our PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider. You may request a restriction by filling out a Request for Limitation and Restrictions of PHI form which may be obtained by your provider.

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that I contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request and submit it to your provider, specifying the requested method of contact or the location where you wish to be contacted. My practice will accommodate reasonable requests. You do not need to give a reason for your request.

You may have the right to have your provider amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, for example, if I think the information is correct or was not created by my practice. I may deny your request for an amendment. If I deny your request for an amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your provider if you have questions about amending your medical record. To file an amendment, your request must be made in writing and must be submitted to your provider.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. Accounting is not required for disclosures I may have made to you, incidental disclosures, disclosures you have authorized, disclosures to family members or friends involved in your care, or disclosures made to carry out treatment, payment, or health care operations. The right to receive this information is subject to certain exceptions, restrictions and limitations. In order to obtain an accounting of disclosures, you must submit your request in writing to your provider.

You have a right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.

You have a right to file a complaint if you believe your privacy rights have been violated. You may file a written complaint with our practice or with the Office for Civil Rights, US Department of Health and Human services. To file a complaint with my practice contact Monica Bolio, M.A. (802) 379-6365. All complaints must be submitted in writing. Filing a complaint will not affect the treatment or services you receive from me.