

**Haley Scott, LICSW Counseling
76 Bedford St, Suite 25, Lexington, MA**

Informed Consent and Notice of Privacy Practices

As in accordance with state and federal laws, your confidentiality is respected and only information released about you will be in accordance with state and federal laws.

This notice describes how psychological, clinical and medical information about you may be used and disclosed and how you can access this information. Please review this notice carefully.

I. Haley Scott, LICSW responsibilities

Haley Scott, LICSW is required by law to provide you with notice of privacy practices and legal duties. Haley Scott, LICSW reserves the right to change the terms of this notice provided such changes are permitted by applicable law. Before the effective date of a material change, Haley Scott, LICSW will change this notice and make a new notice available to you.

II. Summary of Circumstances Under Which and Purposes for Which your Health information May be Used and Disclosed.

Haley Scott, LICSW may use/or disclose Protected Health Information about you for treatment, payment and for healthcare operation purposes with your written authorization.

- **Treatment** – Haley Scott, LICSW may use or disclose your health information in order to provide, coordinate and manage your treatment. Examples include sharing information with your psychiatrist, Physician or other social service professionals and consulting with another professional or making a referral. You will be requested to sign an authorization for release of information in those situations.

- **Payment** – Haley Scott, LICSW may use and disclose your health information to your insurance company, managed care company or a debt collection agency in order to facilitate and obtain payment for treatment and services provided to you. Examples include verification of benefit eligibility and coverage, pre-certification of services, any authorization and /or utilization review activity, billing and correspondence to determine claim status or collect a debt.

- **Healthcare Operations** – Haley Scott, LICSW may use or disclose your protected health information to perform administrative, financial, legal and quality improvement activities necessary to operation, support the core functions of treatment, education and payment. Information may be shared in the course of professional supervision and consultation.

III. There are instances where information can be disclosed without your consent.

Under Massachusetts and federal law, information about you may be disclosed without your consent in the following circumstances:

- **Emergencies** – Sufficient information may be shared to address an immediate emergency you are facing.

- **Judicial and Administrative Proceedings.** - Haley Scott LICSW and representatives may disclose information about you in the course of a judicial or administrative proceeding in response to subpoena, valid court order or other lawful process including worker's compensation claims and court ordered evaluations or counseling.

- **Serious Threat to Health or Safety-** If Haley Scott, LICSW believes you are an immediate threat to yourself or others, your health information may be disclosed to the person or persons reasonably able to prevent or lessen the threat as well as alert any other person who may be in danger.

- **Abuse** – If Haley Scott, LICSW has reason to suspect that you are abusing, neglecting or financially exploiting a child or vulnerable adult, or if you provide information about someone else who is doing this, Haley Scott is MANDATED to report this to the appropriate authorities along with any information about you that is related to the suspicion.

- **Governmental Requirements-** I may disclose information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, licensure and disciplinary actions. Haley Scott, LICSW may also be required to share information, if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

- **National Security,** Intelligence Activities, and Protective Services to the President and Others. I may release information about you to federal official as authorized by law in order to protect the President or other national or international figures or in cases of national security.

IV. Your Rights regarding your Health Information

- **Right to request confidential communication:** You have the right to request and then receive confidential communication by alternative means and at alternative locations. You may request that your bills are sent to a particular address or phone calls to a particular number. You will be asked to complete a Patient Communication Form.

- **Right to inspect and copy.** You have the right to inspect and/or obtain a copy of your health information with limited exceptions. Your request must be made in writing. A reasonable fee may be charged for the time and costs incurred.

- **Right to amend.** You have the right to request that Haley Scott, LICSW amend your Private Health Information. Your request must be in writing and it must explain why the information should be amended. Haley Scott, LICSW has the right to deny your request under certain circumstances.

- **Right to an accounting of disclosures.** You have the right to request additional restrictions or limitations on the health information for purposes other than treatment, payment or healthcare operations. Your request must be made in writing. Such accountings are available from the first day of service with this

provider and remain available for six years after the last date of service with Haley Scott, LICSW.

- **Right to request restrictions.** You have the right to request additional restrictions or limitations on the health information your Halcyon provider uses or discloses about you. Your specific request must be made in writing. I am not required to agree to a restriction you request. In some cases your request may rest in unwanted consequences for you. For example you may ask that I not share information with your insurance company in which case you will be responsible to pay in full for the services provided.

- **Right to obtain a Paper Copy of this notice.** You have the right to receive a paper copy of this notice and any amended notice upon request.

Any other uses and Disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information of any time. The revocation must be in writing and will become effective when Haley Scott, LICSW receives it. The revocation will apply to disclosures not already in process or completed.

Other Rights –

- You have the right to ask questions about your treatment.
- You have the right to make suggestions and be an active part of your treatment.
- You have the right to be treated respectfully.
- You can ask about your provider's training and can request a referral to another provider or therapist.
- You are free to leave the services of Haley Scott, LICSW at any time.

QUESTIONS AND COMPLAINTS – Grievance Policy

If you have any questions about this notice or have concerns about your privacy rights, please talk with Haley Scott, LICSW to express your concerns. If you believe your privacy rights have been violated and wish to file a written complaint with Haley Scott, LICSW Counseling, please include as much detail as possible and send it to Haley Scott, LICSW at 76 Bedford St Suite 25, Lexington MA.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

It is my sincere hope that you will feel comfortable sharing any concern or complaint with Haley Scott, LICSW first. Haley Scott, LICSW will not retaliate against you in any way if you choose to file a complaint.

Social Media

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or

contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. Your privacy and confidentiality are my utmost concern.