

# TREE OF LIFE COUNSELING CLIENT NOTICE AND COMPLIANCE PRACTICES



TREE of LIFE  
COUNSELING

## TABLE OF CONTENTS:

SECTION 1: LETTER FROM TLC  
SECTION 2: PERSONAL RIGHTS LIST  
SECTION 3: NOTIFICATION OF PROHIBITED PROCEDURES  
SECTION 4: GRIEVANCE PROCEDURE  
SECTION 5: OBTAINING RECORD MATERIALS  
SECTION 6: EXPULSION AND SUSPENSION  
SECTION 7: NOTICE OF PRIVACY PRACTICES

### SECTION 1

#### LETTER REGARDING OUR ETHICS AND COMPLIANCE

TO: CLIENTS, FAMILIES, AND GUARDIANS  
FROM: TREE OF LIFE COUNSELING, PLLC (TLC)  
  
RE: INTRODUCTION OF TLC ETHICS AND COMPLIANCE

DEAR CLIENT, FAMILY MEMBER, OR GUARDIAN

AS TLC STAFF AND THERAPISTS, WE HAVE A RESPONSIBILITY TO DISPLAY INTEGRITY IN OUR ACTIONS ON BEHALF OF TLC AND THOSE WE SUPPORT. INTEGRITY IS THE BASIS OF OUR REPUTATION AS INDIVIDUALS, AND IT IS THE BASIS OF TLC'S REPUTATION AS A LEADER IN THE CARE AND SUPPORT OF PEOPLE WITH MENTAL HEALTH CONCERNS.

THE ATTACHED TLC CODE OF CONDUCT IS INTENDED AS A GUIDE TO OUR DECISIONS AND ACTIONS. THE CODE OF CONDUCT REFLECTS THE FOLLOWING PRACTICES VALUES:

- PROVIDING HIGH-QUALITY, COST-EFFECTIVE SERVICES TO PEOPLE WITH MENTAL HEALTH CONCERNS;
- BEING RESPONSIVE TO THE CULTURAL VALUES, NEEDS AND CONCERNS OF EACH CLIENT, FAMILY MEMBER, OR GUARDIAN;
- REMAINING HONEST, TRUSTWORTHY AND RELIABLE IN ALL RELATIONSHIPS;
- ENSURING FAIR TREATMENT OF STAFF;
- PARTICIPATING AS A VALUED CORPORATE CITIZEN WITHIN THE COMMUNITY; AND
- PURSUIT OF FISCAL RESPONSIBILITY AND GROWTH.

THE TLC CODE OF CONDUCT MUST BE OBSERVED BY ALL TLC THERAPIST AND STAFF. NO TLC EMPLOYEE, REGARDLESS OF POSITION, MAY ALLOW PERSONAL PREFERENCES, INCONVENIENCE OR BUSINESS WORKPLACE PRESSURES TO COMPROMISE ADHERENCE TO THIS CODE OF CONDUCT. VIOLATING THE CODE OF CONDUCT IS A SERIOUS MATTER THAT MAY LEAD TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. THE CODE OF CONDUCT DOES NOT REPLACE TLC'S POLICIES AND PROCEDURES AND CANNOT TAKE THE PLACE OF HONEST AND OPEN DISCUSSION AND PROBLEM SOLVING.

IN ADDITION TO THE CODE OF CONDUCT, TLC HAS ESTABLISHED AN EMAIL THAT ANYONE MY USE TO DISCUSS CONCERNS [ADMIN@TLC-COUNSELING.COM](mailto:ADMIN@TLC-COUNSELING.COM). ANYONE MAY EMAIL [ADMIN@TLC-COUNSELING.COM](mailto:ADMIN@TLC-COUNSELING.COM) TO ASK QUESTIONS CONCERNING ETHICAL OR LEGAL CONDUCT OR TO REPORT ANY POTENTIALLY IMPROPER ACTION. THIS EMAIL ALLOWS ANYONE TO REPORT CONCERNS AND ALL REPORTS ARE CONFIDENTIAL TO THE EXTENT ALLOWED BY LAW. EMAILS TO [ADMIN@TLC-COUNSELING.COM](mailto:ADMIN@TLC-COUNSELING.COM) ARE NEVER USED FOR RETALIATION OR RETRIBUTION FOR EXPRESSING YOUR CONCERNS AND DOING SO WOULD BE PROHIBITED. ALL QUESTIONS AND CONCERNS WILL BE ADDRESSED IN A THOROUGH AND TIMELY MANNER.

EMAILING [ADMIN@TLC-COUNSELING.COM](mailto:ADMIN@TLC-COUNSELING.COM) DOES NOT REPLACE THE ESTABLISHED COMMUNICATION CHANNELS, SUCH AS TALKING WITH THE THERAPIST OR OWNERS PROVIDING TREATMENT TO YOU OR YOUR FAMILY MEMBER. RATHER, IT IS AN ADDITIONAL METHOD OF COMMUNICATING WHEN A MEMBER OF THE TLC TEAM IS UNCOMFORTABLE USING OTHER CHANNELS OR NEEDS ADDITIONAL ASSISTANCE.

AS A NEW MEMBER OF THE TLC FAMILY, WE CONSIDER YOU TO BE ONE OF OUR MOST VALUABLE RESOURCES AND WE VALUE YOUR INPUT AND FEEDBACK. PLEASE TAKE THE TIME TO READ THE CODE OF CONDUCT AND HELP US IN OUR EFFORT TO MAINTAIN OPEN COMMUNICATION AND TRANSPARENCY IN ALL THAT WE DO.

SINCERELY,  
*TLC Staff & Therapists*

## SECTION 2 WHAT ARE YOUR RIGHTS?

IN THE UNITED STATES, THE CONSTITUTION AND BILL OF RIGHTS ARE THE DOCUMENTS THAT GUARANTEE EQUAL RIGHTS TO ALL CITIZENS. BECAUSE OF THE IDEAS THAT ARE EXPRESSED IN THESE DOCUMENTS, PEOPLE WITH MENTAL HEALTH, DEVELOPMENTAL DISABILITY, OR SUBSTANCE ABUSE SERVICE NEEDS HAVE THE RIGHT TO EQUAL ACCESS TO SERVICES THAT OTHERS WOULD USE AND TO EXPERIENCE TREATMENT IN EVERY DAY AFFAIRS EQUAL TO WHAT OTHERS ENJOY.

### CONSTITUTIONAL RIGHTS FOR ALL CITIZENS:

- ACCESS TO THE COURTS AND LEGAL REPRESENTATION
- THE RIGHT TO FREE ASSOCIATION
- THE RIGHT TO CONTRACT FOR, OWN, AND DISPOSE OF PROPERTY
- EQUAL EDUCATION OPPORTUNITY
- EQUAL EMPLOYMENT OPPORTUNITY
- EQUAL PROTECTION AND DUE PROCESS
- FREEDOM FROM CRUEL AND UNUSUAL PUNISHMENT
- FREEDOM OF SPEECH AND EXPRESSION
- THE RIGHT TO MARRY, PROCREATE, AND RAISE CHILDREN
- THE RIGHT TO VOTE
- FREEDOM OF RELIGIOUS EXPRESSION
- THE RIGHT TO PRIVACY

### EQUAL EDUCATION OPPORTUNITY

EDUCATION IS SEEN AS A BASIC RIGHT AND PROVIDED FOR ALL CHILDREN IN THE UNITED STATES. EVERY CHILD, REGARDLESS OF THE TYPE OR SEVERITY OF DISABILITY, HAS THE RIGHT TO A FREE APPROPRIATE EDUCATION GUARANTEED THROUGH LAW.

### EQUAL EMPLOYMENT OPPORTUNITY

DISCRIMINATION BASED ON A SPECIFIC CHARACTERISTIC, UNRELATED TO JOB PERFORMANCE ABILITY, IS NOT ALLOWED. ANOTHER EMPLOYMENT FAIRNESS ISSUE THAT IS PROTECTED BY LAW IS EQUAL PAY FOR EQUAL WORK. YOU CANNOT BE PAID LESS MONEY THAN OTHERS WOULD BE (FOR THE SAME JOB) FOR THE WORK THEY DO. THIS APPLIES TO ALL WORK DONE BY ANY PERSON, IN ANY SITUATION, INCLUDING PEOPLE WITH MH/DD/SA SERVICE NEEDS.

### EQUAL PROTECTION AND DUE PROCESS

EQUAL PROTECTION WITH DUE PROCESS MEANS THAT YOU CAN EXPECT THAT YOU WILL NOT BE DISCRIMINATED AGAINST OR TREATED DIFFERENTLY, SIMPLY BECAUSE OF A UNIQUE CHARACTERISTIC. ANY PERSON RECEIVING MH/DD/SA SERVICES MUST HAVE ACCESS TO ALL OF THE SERVICES AND OPPORTUNITIES THAT OTHER PEOPLE DO. THE RIGHTS GUARANTEED TO ALL CITIZENS ARE PROTECTED BY THE U. S. CONSTITUTION AND CAN BE REMOVED OR ABRIDGED ONLY BY A LEGAL DUE PROCESS PROCEDURE. YOUR CONSENT OR THAT OF YOUR LEGAL REPRESENTATIVE IS REQUIRED WHEN YOUR RIGHTS ARE RESTRICTED ON THE BASIS OF YOUR ACTIONS AND BEHAVIOR. IN CERTAIN EMERGENCY SITUATIONS WHEN RESTRICTIONS ARE REQUIRED AS A LAST RESORT WITHOUT YOUR DIRECT CONSENT TLC WILL ENSURE THAT YOUR BEST INTERESTS ARE SERVED AND THAT SAFEGUARDS TO PROTECT YOUR INTERESTS ARE IN PLACE.

### FREEDOM FROM CRUEL AND UNUSUAL PUNISHMENT

YOU WILL NOT BE SUBJECTED TO TREATMENT THAT WOULD BE CONSIDERED CRUEL OR UNUSUAL BY ORDINARY CITIZENS JUST BECAUSE YOU MAY HAVE A MH/DD/SA SERVICE NEED.

### THE RIGHT TO PRIVACY AND CONFIDENTIALITY

THE RIGHT TO PRIVACY AND CONFIDENTIALITY INCLUDES DETERMINING HOW AND WHEN YOUR PERSONAL HEALTH INFORMATION IS RELEASED OUTSIDE OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS. YOU WILL BE PROVIDED WITH AND ASKED TO SIGN A SEPARATE NOTICE OF PRIVACY PRACTICES THAT DESCRIBES SPECIFIC RIGHTS PROVIDED THROUGH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).

### LEAST RESTRICTIVE ENVIRONMENT

YOU HAVE THE RIGHT TO SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT. IF EXISTING PROGRAMS DO NOT MEET YOUR NEEDS, TLC HAS A RESPONSIBILITY TO SEEK ALTERNATIVES TO EXISTING SERVICES. TLC MUST REGULARLY EVALUATE WHETHER PEOPLE ARE RECEIVING THE SERVICES IN THE LEAST RESTRICTED ENVIRONMENT POSSIBLE. WHEN YOU GAIN NEW SKILLS OR CAPABILITIES, SERVICES MUST BE ADJUSTED TO ACCOMMODATE YOUR NEEDS. YOUR SERVICES CANNOT BE JUSTIFIABLY LIMITED, SIMPLY DUE TO THE UNAVAILABILITY OF THE SERVICES YOU ARE IN NEED OF.

### ADDITIONAL RIGHTS FOR TREATMENT AND SERVICES

- TO RECEIVE SERVICES REGARDLESS OF YOUR AGE, RACE, CREED, COLOR, ETHNIC/NATIONAL ORIGIN, GENDER, RELIGION, OR SEXUAL ORIENTATION.
- TO RECEIVE AN INDIVIDUALIZED EVALUATION AND TO KNOW THE REASONS FOR THE SERVICES PROVIDED.
- TO PARTICIPATE IN THE DEVELOPMENT OF YOUR TREATMENT GOALS BASED ON YOUR NEEDS, STRENGTHS, AND PREFERENCES.
- TO CONSENT TO OR REFUSE TREATMENT TO THE EXTENT PERMITTED BY LAW.
- TO RECEIVE AGE-APPROPRIATE TREATMENT SERVICES.
- TO TREATMENT WITHOUT USE OF CORPORAL PUNISHMENT, PHYSICAL RESTRAINT, OR SECLUSION.
- TO SUSPENSION OR EXPULSION FROM SERVICES ONLY WHEN JUSTIFIED AND WARRANTED SEARCH AND SEIZURE.
- TO GRIEVE ANY DECISION MADE CONCERNING YOUR SERVICES. YOU WILL BE PROVIDED WITH A SEPARATE DESCRIPTION OF THE TLC GRIEVANCE PROCEDURE

### INDIVIDUAL RESPONSIBILITY

ANY DISCUSSION OF RIGHTS WOULD BE INCOMPLETE WITHOUT A DISCUSSION OF INDIVIDUAL RESPONSIBILITIES THAT ACCOMPANY RIGHTS. ALTHOUGH TLC IS CONCERNED WITH PROTECTING YOUR RIGHTS, WE ALSO MUST BE CONCERNED WITH THE ISSUE OF EXPECTING AND TEACHING YOU TO EXERCISE YOUR RIGHTS RESPONSIBLY. THIS INCLUDES ACCEPTING RESPONSIBILITY FOR THE IMPACT AND CONSEQUENCES OF YOUR ACTIONS.

### SECTION 3 PROHIBITED PROCEDURES

TLC PROHIBITS THE FOLLOWING PROCEDURES:

- CORPORAL PUNISHMENT.
- THE CONTINGENT USE OF PAINFUL BODY CONTACT.
- SECLUSION, DEFINED AS PLACING A PERSON IN A LOCKED ROOM FOR THE PURPOSE OF CONTROLLING THEIR BEHAVIOR.
- ABUSIVE VERBALIZATIONS. TLC STAFF ARE NEVER TO SWEAR AT, TEASE, OR RIDICULE PEOPLE SUPPORTED.
- ISOLATION TIME OUT, DEFINED AS THE REMOVAL OF A PERSON TO A SEPARATE ROOM FROM WHICH EXIT IS BARRED BY STAFF FOR THE PURPOSE OF MODIFYING BEHAVIOR.
- ANY POTENTIALLY PHYSICALLY PAINFUL PROCEDURE.
- ANY PERSONAL RESTRAINT, UNLESS TO PROTECT ANOTHER PERSON FROM HARM BY YOU.

THE FOLLOWING PROCEDURES WILL ONLY BE EMPLOYED WHEN CLINICALLY OR MEDICALLY INDICATED AS A METHOD OF THERAPEUTIC TREATMENT:

- PLANNED NON-ATTENTION TO SPECIFIC UNDESIRABLE BEHAVIORS WHEN THOSE BEHAVIORS ARE HEALTH THREATENING;
- CONTINGENT DEPRIVATION OF A BASIC NECESSITY; OR
- OTHER PROFESSIONALLY ACCEPTABLE PROCEDURES THAT ARE NOT PROHIBITED ABOVE. TLC DOES NOT ALLOW THE USE OF SECLUSION OR ISOLATION TIME-OUT.

THE DETERMINATION THAT A PROCEDURE IS CLINICALLY OR MEDICALLY INDICATED, AND THE AUTHORIZATION FOR THE USE OF SUCH TREATMENT FOR A SPECIFIC PERSON, SHALL ONLY BE MADE BY EITHER A PHYSICIAN OR A LICENSED PROFESSIONAL COUNSELOR/LICENSED CLINICAL SOCIAL WORKER/LICENSED PRACTICING PSYCHOLOGIST OR PSYCHIATRIST WHO HAS BEEN FORMALLY TRAINED AND PRIVILEGED IN THE USE OF THE PROCEDURE.

### SECTION 4 GRIEVANCE PROCEDURE

THE TLC POLICY FOR GRIEVANCES IDENTIFIES WHAT STEPS SHOULD BE TAKEN BY INDIVIDUALS OR THEIR GUARDIANS IN THE EVENT THAT THERE IS CONCERN AND/OR DISSATISFACTION WITH SERVICES PROVIDED BY TLC.

IN THE EVENT OF ANY CONCERNS OR DISSATISFACTION WITH SERVICES, OR IF QUESTIONS ARISE CONCERNING INDIVIDUAL SERVICES, THE INDIVIDUAL'S THERAPIST SHOULD BE CONTACTED. THE THERAPIST MAY ELECT TO DEAL DIRECTLY AND/OR IMMEDIATELY WITH THE PROBLEM, OR MAY TAKE THE PROBLEM TO OR WILL KRAUSE, MA, LPC, NCC. [WKRAUSE@TLC-COUNSELING.COM](mailto:WKRAUSE@TLC-COUNSELING.COM) OR SHANA R. GORDON, MA, LPC, LPCS, DCC, CRC [SGORDON@TLC-COUNSELING.COM](mailto:SGORDON@TLC-COUNSELING.COM)

IN EACH STEP OF THE ABOVE PROCEDURE, IT IS TLC POLICY THAT A RESPONSE OR DECISION BE PROVIDED TO THE INDIVIDUAL WITHIN 10 WORKING DAYS OF THE GRIEVANCE.

ALL SERVICES RECEIVED FROM TLC ARE VOLUNTARY AND REMOVAL FROM SERVICE IS ALWAYS AN OPTION FOR THE INDIVIDUAL OR HIS/HER APPROPRIATE LEGAL REPRESENTATIVE. WHILE THIS IS AN EXTREME FORM OF GRIEVANCE, TLC WILL ASSIST IN THIS PROCESS IF THIS IS THE COURSE OF ACTION CHOSEN BY THE INDIVIDUAL, GUARDIAN OR OTHER AUTHORIZED INDIVIDUAL.

THE INDIVIDUAL AND/OR PARENT/GUARDIAN RECEIVING SERVICES IN NORTH CAROLINA HAVE THE RIGHT TO CONTACT:

DISABILITY RIGHTS NORTH CAROLINA  
2626 GLENWOOD AVE, SUITE 550  
RALEIGH NC, 27608  
800.821.6922  
[WWW.DISABILITYRIGHTSNC.ORG](http://WWW.DISABILITYRIGHTSNC.ORG)

US DEPARTMENT OF HEALTH AND HUMAN SERVICES  
200 INDEPENDENCE AVE SW  
WASHINGTON, DC 20201  
877.696.6775  
[WWW.HHS.GOV](http://WWW.HHS.GOV)

### SECTION 5 OBTAINING RECORD MATERIALS

INDIVIDUALS AND/OR THEIR GUARDIANS MAY REQUEST ACCESS TO THE RECORD. TLC SHOULD BE NOTIFIED OF THE REQUEST TO ACCESS A RECORD SO ARRANGEMENTS CAN BE MADE FOR THE APPROPRIATE THERAPIST TO BE PRESENT TO EXPLAIN OR INTERPRET THE INFORMATION FOUND IN THE RECORD. INDIVIDUALS MAY REQUEST ALTERATIONS TO THEIR RECORDS. THE OFFICE MANAGER WILL REVIEW THESE REQUESTS, CONSULT WITH THE APPROPRIATE THERAPIST AND RESPOND WITHIN 30 DAYS. THE INDIVIDUAL'S REQUEST WILL BE NOTED IN THE RECORD ALONG WITH A STATEMENT AS TO WHY THE THERAPIST AGREES OR DISAGREES. COPIES OF THE RECORD INFORMATION WILL NOT BE RELEASED TO THE INDIVIDUAL OR GUARDIAN WITHOUT WRITTEN PERMISSION FROM THE THERAPIST.

WHEN ALTERATIONS ARE REQUESTED, AND THE THERAPIST CONCURS THAT SUCH ALTERATION IS JUSTIFIED, THE ALTERATION SHALL BE INSERTED AS AN ADDENDUM TO THE CONTESTED PORTION OF THE RECORD. THE ORIGINAL PORTION OF THE WRITTEN RECORD MAY NOT BE DELETED. IF THE THERAPIST DOES NOT CONCUR THAT SUCH ALTERATION IS JUSTIFIED, THERE WILL BE A STATEMENT RELATIVE TO THE CONTESTED PORTION ADDED TO THE RECORD. THIS STATEMENT WILL BE ON A SEPARATE FORM AND NOT ON THE ORIGINAL PORTION OF THE RECORD BEING CONTESTED.

IF A REQUEST FOR INFORMATION FROM THE RECORD IS DENIED, THE GUARDIAN OR INDIVIDUAL HAS THE RIGHT TO REQUEST AN INDEPENDENT REVIEW OF THE INFORMATION BY A LICENSED HEALTH CARE PROFESSIONAL NOT INVOLVED IN THE ORIGINAL DECISION. THAT PRACTITIONER WILL DETERMINE IF (A) ACCESS TO THE REQUESTED INFORMATION IS "REASONABLY LIKELY" TO ENDANGER THE LIFE OR PHYSICAL SAFETY OF THE REQUESTING INDIVIDUAL OR OTHER PERSON, (B) THE INFORMATION REFERS TO ANOTHER INDIVIDUAL AND ACCESS TO IT WOULD BE REASONABLY LIKELY TO CAUSE SUBSTANTIAL HARM TO THAT INDIVIDUAL, OR (C) IT IS DETERMINED THAT PROVIDING SUCH INFORMATION IS REASONABLY LIKELY TO CAUSE SUBSTANTIAL HARM TO THE INDIVIDUAL OR ANOTHER PERSON.

UNDER SOME CIRCUMSTANCES, DENIAL TO ACCESS IS PERMITTED WITHOUT REVIEW BY AN INDEPENDENT PRACTITIONER. THOSE CIRCUMSTANCES INCLUDE REQUESTED ACCESS TO INFORMATION COMPILED BY TLC FOR USE IN CIVIL, CRIMINAL OR ADMINISTRATIVE PROCEEDINGS.

**RECORD COPY FEE: THE FEE FOR OBTAINING A COPY OF YOUR RECORDS IS CALCULATED BY USING NCGS § 90-411 FORMULA.**

## SECTION 6 NOTIFICATION OF THE TLC POLICY FOR EXPULSION AND SUSPENSION

EACH PERSON SERVED SHALL BE FREE FROM THREAT OR FEAR OF UNWARRANTED SUSPENSION OR EXPULSION FROM THE FACILITY. INDIVIDUALS MAY BE RELEASED FROM TLC FOR THE FOLLOWING REASONS:

- A. HE OR SHE HAS FULLY UTILIZED THE RESOURCES OF TLC AND IS READY TO MOVE TO A MORE INTEGRATIVE, LESS RESTRICTIVE SETTING.
- B. TLC IS NOT THE OPTIMAL PLACEMENT FOR THE INDIVIDUAL AND THE OPTIMAL PLACEMENT OR A BETTER PLACEMENT BECOMES AVAILABLE TO HIM/HER.
- C. TLC CANNOT PROVIDE THE LEVEL OF SERVICES NEEDED BY THE INDIVIDUAL.
- D. THE INDIVIDUAL IS IN NEED OF MORE INTENSE SERVICES THAN THOSE PROVIDED BY TLC, SUCH AS WHEN AN INDIVIDUAL NEEDS HOSPITALIZATION.
- E. THE INDIVIDUAL AND/OR HIS/HER LEGAL GUARDIAN REMOVE THE INDIVIDUAL FROM THE TLC SERVICE. IN THIS SITUATION, THE INDIVIDUAL OR GUARDIAN WILL BE COUNSELED BY THE THERAPIST REGARDING THE ADVANTAGES AND/OR DISADVANTAGES OF SUCH A MOVE. IF THIS LATTER CASE IS A SITUATION THAT IS NOT IN THE INDIVIDUAL'S BEST INTEREST, THE INDIVIDUAL OR HIS OR HER GUARDIAN WILL BE COUNSELED BY THE THERAPIST AND OTHER APPROPRIATE STAFF REGARDING SUCH A MOVE AND ITS POSSIBLE CONSEQUENCES. IN EXTREME CASES, IN WHICH THE PRACTICE BELIEVES SUCH A MOVE MIGHT SERIOUSLY ENDANGER THE HEALTH OR SAFETY OF THE INDIVIDUAL, THE GUARDIAN MIGHT BE REFERRED FOR PROFESSIONAL COUNSELING. ALSO IN EXTREME CASES, AT THE DISCRETION OF THE THERAPIST, A REPORT MAY BE MADE TO THE LOCAL DEPARTMENT OF SOCIAL SERVICES AND/OR THE CLERK OF COURT HAVING JURISDICTION OVER THE GUARDIANSHIP.
- F. THERE ARE SPECIFIC BEHAVIORS THAT MAY LEAD TO THE SUSPENSION OR EXPULSION OF A CLIENT FROM TREATMENT. SPECIFIC BEHAVIORS THAT MAY LEAD TO SUSPENSION AND/OR EXPULSION ARE MAKING THREATENING STATEMENTS OR PHYSICAL OUTBURSTS TOWARDS THERAPISTS, STAFF OF TLC, OTHER CLIENTS AND/OR THEIR FAMILIES, DISRUPTIVE BEHAVIOR THAT WOULD OTHERWISE BE CONSTRUED AS DISRUPTIVE IN AN OFFICE SETTING, AND ANY OTHER POTENTIAL OF DANGER TO THE HEALTH OR SAFETY OF ANOTHER PERSON AT TLC (THIS LIST IS NOT ALL INCLUSIVE). ANY CLIENT SUSPENDED OR EXPELLED FROM SERVICE HAS A RIGHT TO APPEAL AND FOLLOW THE GRIEVANCE PROCESS.

IT IS NOT OUR POLICY TO EXPEL OR SUSPEND PEOPLE FROM SERVICE FOR REASONS OTHER THAN THOSE STATED ABOVE.

## SECTION 7 NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: SEPTEMBER 23, 2013

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

TREE OF LIFE COUNSELING, PLLC (TLC) ARE REQUIRED BY LAW TO TAKE REASONABLE STEPS TO ENSURE THE PRIVACY OF YOUR PERSONALLY IDENTIFIABLE HEALTH INFORMATION AND TO INFORM YOU ABOUT:

- TLC'S USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)
- YOUR PRIVACY RIGHTS WITH RESPECT TO YOUR PHI
- TLC'S DUTIES WITH RESPECT TO YOUR PHI

YOUR RIGHT TO FILE A COMPLAINT WITH TLC AND TO THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) PHI USE AND DISCLOSURE BY TLC IS REGULATED BY THE FEDERAL LAW KNOWN AS HIPAA (THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT). YOU MAY FIND THESE RULES AT 45 CODE OF FEDERAL REGULATIONS, PARTS 160 & 164.

THE TERM "PROTECTED HEALTH INFORMATION" (PHI) INCLUDES ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION TRANSMITTED OR MAINTAINED BY TLC, REGARDLESS OF ITS FORM (ORAL, WRITTEN, ELECTRONIC). CLIENTS WILL BE INFORMED IN WRITING IF THERE IS A BREACH OF UNSECURED PHI.

IN ORDER TO EXERCISE YOUR RIGHTS UNDER THIS PRIVACY NOTICE OR TO OBTAIN CLARIFICATION OF THE SCOPE OF ANY PROVISIONS OF THIS PRIVACY NOTICE, PLEASE CONTACT THE THERAPIST ASSIGNED TO YOU, YOUR FAMILY MEMBER OR WARD OR YOU MAY CONTACT THE OWNERS TREE OF LIFE COUNSELING, PLLC AT 1821 LENDEW STREET, GREENSBORO, NC 27408, PH. 336.288.9190 FAX 336.450.4318 ADMIN@TLC-COUNSELING.COM. TLC'S BUSINESS HOURS ARE 9 AM TO 5 PM MONDAY THROUGH FRIDAY EXCEPT HOLIDAYS, ALTHOUGH EACH INDIVIDUAL THERAPIST MAY HAVE A DIFFERING SCHEDULE.

### SECTION I. TLC'S DUTY AS A COVERED ENTITY UNDER THE PRIVACY RULE.

- A. TLC IS REQUIRED BY FEDERAL LAW TO MAINTAIN THE PRIVACY OF YOUR PHI. WE ARE ALSO REQUIRED TO PROVIDE NOTICE TO INDIVIDUALS OF THE POSSIBLE USES AND/OR DISCLOSURES OF THEIR PHI.

- B. TLC IS ALSO REQUIRED TO PROVIDE NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO PHI AND TO ABIDE BY THE TERMS OF THE PRIVACY NOTICE.
- C. CHANGES TO THIS NOTICE. TLC RESERVES THE RIGHT TO CHANGE THIS NOTICE. WE RESERVE THE RIGHT TO MAKE THE REVISIONS EFFECTIVE FOR MEDICAL INFORMATION WE ALREADY HAVE ABOUT YOU AS WELL AS ANY INFORMATION WE RECEIVE IN THE FUTURE. WE WILL POST A COPY OF THE CURRENT NOTICE IN OUR LOBBY IN A BLACK BINDER. IN ADDITION, YOU MAY REQUEST A COPY OF THE CURRENT NOTICE AT ANY TIME.
- D. COMPLAINTS. IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU MAY FILE A COMPLAINT WITH TLC. ALL COMPLAINTS MUST BE IN WRITING TO YOUR THERAPIST OR THE OWNERS OF TLC AT THE APPROPRIATE ADDRESS INDICATED ON THE FIRST PAGE OF THIS PRIVACY NOTICE. YOU MAY ALSO DIRECT COMPLAINTS TO THE UNITED STATES SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AT: REGION IV, OFFICE FOR CIVIL RIGHTS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ATLANTA FEDERAL CENTER, SUITE 3B70, 61 FORSYTH STREET, SW, ATLANTA, GEORGIA 30303-8909, VOICE PHONE No. 404-562-7886, FAX 404-562-7881, TDD 404-331-2867.

YOU WILL NOT BE PENALIZED NOR IN ANY WAY RETALIATED AGAINST, FOR FILING A COMPLAINT.

SECTION II. NOTICE OF PHI USES AND DISCLOSURES.

THE FOLLOWING CATEGORIES DESCRIBE DIFFERENT WAYS THAT WE MAY USE AND DISCLOSE PHI.

A. USES AND DISCLOSURES TO CARRY OUT TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

1. TLC WILL USE PHI AS WE CARRY OUT TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS.

- A. TREATMENT. PHI WILL BE USED TO PROVIDE YOU WITH MEDICAL TREATMENT. "TREATMENT" IS THE PROVISION, COORDINATION, AND MANAGEMENT OF HEALTH CARE AND RELATED SERVICES. IT INCLUDES, BUT IS NOT LIMITED TO, CONSULTATIONS AND REFERRALS BETWEEN ONE OR MORE OF YOUR PROVIDERS. WE MAY DISCLOSE MEDICAL INFORMATION ABOUT YOU TO DIRECT SUPPORT STAFF, NURSES, TECHNICIANS, DOCTORS, PROVIDERS OF SUPPORT SERVICES, AND OTHER PERSONNEL INVOLVED IN YOUR TREATMENT.
- B. PAYMENT. PHI WILL BE USED AND DISCLOSED TO OBTAIN PAYMENT FOR THE MEDICAL CARE THAT YOU RECEIVE FROM TLC IN OUR HEALTHCARE PRACTICE. HOWEVER, DISCLOSURE OF SUCH INFORMATION WILL BE LIMITED TO THOSE STATE AND FEDERAL PROGRAMS TO WHICH YOU ALREADY, OR MAY QUALIFY FOR BENEFITS. "PAYMENT" INCLUDES, BUT IS NOT LIMITED TO, ACTIONS TO DETERMINE YOUR ELIGIBILITY FOR INSURANCE BENEFITS. IT INVOLVES PROCESSING PAYMENT FOR TREATMENT OR SERVICES RECEIVED FROM TLC. FOR EXAMPLE, TLC MAY DISCLOSE PHI FOR VERIFICATION OF PAYMENT ELIGIBILITY AND TO RECEIVE PAYMENT FOR YOUR RESIDENTIAL SERVICES. TLC WILL NOT DISCLOSE YOUR PHI TO ANY PRIVATE THIRD-PARTY PAYERS OR HEALTH OR BENEFIT PLANS WITHOUT YOUR CONSENT.
- C. HEALTH CARE OPERATIONS. WHERE PERMITTED BY STATE AND FEDERAL LAWS, TLC MAY USE AND DISCLOSE PHI ABOUT YOU IN CONDUCTING ITS HEALTH CARE OPERATION. TLC'S "HEALTHCARE OPERATIONS" INCLUDE EVALUATING THE PERFORMANCE OF OUR STAFF INVOLVED IN THE CARE AND TREATMENT OF YOU OR IN AN EFFORT TO IMPROVE THEIR SKILLS AS HEALTHCARE PROVIDERS. IT ALSO INCLUDES CASE MANAGEMENT, CONDUCTING OR ARRANGING FOR MEDICAL REVIEWS, INVESTIGATIONS INTO SERVICE DELIVERY COMPLAINTS, LEGAL SERVICES, AND AUDITING FUNCTIONS, INCLUDING FRAUD AND ABUSE COMPLIANCE PROGRAMS, BUSINESS PLANNING AND DEVELOPMENT, BUSINESS MANAGEMENT, AND GENERAL ADMINISTRATIVE ACTIVITIES ASSOCIATED WITH SERVICE AND SUPPORT FUNCTIONS. INFORMATION MAY NEED TO BE DISCLOSED TO DOCTORS, PSYCHIATRISTS, PSYCHOLOGISTS, SOCIAL WORKERS, NURSES, TECHNICIANS, STUDENTS, VOLUNTEERS, TRAINEES, AND OTHER PERSONNEL FOR BOTH REVIEWS OF TREATMENT AND LEARNING TOOLS TO PROVIDE HIGHER QUALITY OF CARE. WE MAY ALSO COMBINE MEDICAL INFORMATION ABOUT MANY CLIENTS THAT ARE SEEN AT TLC TO COMPARE HOW WE ARE DOING AND SEE WHERE WE CAN MAKE IMPROVEMENTS IN THE CARE AND SERVICES WE OFFER. WE MAY REMOVE INFORMATION THAT IDENTIFIES YOU FROM THIS SET OF MEDICAL INFORMATION SO OTHERS MAY USE IT TO STUDY HEALTHCARE AND SERVICE DELIVERY MODELS WITHOUT LEARNING WHO THE SPECIFIC INDIVIDUALS ARE.

B. OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

1. SUBJECT TO CERTAIN REQUIREMENTS, TLC MAY USE OR DISCLOSE PHI ABOUT YOU IN CERTAIN LIMITED SITUATIONS WITHOUT YOUR PRIOR AUTHORIZATION. THESE SITUATIONS INCLUDE:

- A. PUBLIC HEALTH. TLC MAY USE OR DISCLOSE YOUR PHI FOR PUBLIC HEALTH ACTIVITY PURPOSES TO A PUBLIC HEALTH AUTHORITY WHERE PERMITTED UNDER STATE AND FEDERAL LAW. FOR EXAMPLE, PHI MAY BE DISCLOSED WHEN NECESSARY FOR THE REPORTING OF ADVERSE EVENTS, MEDICAL DEVICE DEFECTS OR PROBLEMS, OR BIOLOGICAL PRODUCT DEVIATIONS, OR TO TRACK FDA-REGULATED PRODUCTS, TO ENABLE PRODUCT RECALLS, OR TO CONDUCT POST-MARKETING SURVEILLANCE. TLC MAY ALSO DISCLOSE YOUR PHI, IF AUTHORIZED BY STATE OR FEDERAL LAW, IF YOU HAVE BEEN EXPOSED TO A COMMUNICABLE DISEASE OR MAY OTHERWISE BE AT RISK OF CONTRACTING OR SPREADING THE DISEASE OR CONDITION. [HTTPS://WWW.HHS.GOV/HIPAA/FOR-PROFESSIONALS/PRIVACY/INDEX.HTML](https://www.hhs.gov/hipaa/for-professionals/privacy/index.html)
- B. REQUIRED BY LAW. TLC MAY DISCLOSE YOUR PHI WHEN REQUIRED TO DO SO BY LAW, FOR EXAMPLE, WHEN SUCH DISCLOSURE IS REQUIRED BY STATE OR FEDERAL LAW OR OTHER JUDICIAL OR ADMINISTRATIVE PROCEEDING.
- C. LAW ENFORCEMENT. IN ACCORDANCE WITH STATE AND FEDERAL LAW, TLC MAY DISCLOSE PHI ABOUT YOU FOR LAW-ENFORCEMENT PURPOSES. FOR EXAMPLE, TLC MAY DISCLOSE PHI ABOUT YOU AS NECESSARY TO COMPLY WITH LAWS THAT REQUIRE REPORTING OF CERTAIN TYPES OF WOUNDS OR OTHER PHYSICAL INJURIES.
- D. ABUSE OR NEGLECT. WHERE AUTHORIZED BY STATE AND FEDERAL LAW, TLC MAY REPORT INFORMATION ABOUT ABUSE, NEGLECT OR DOMESTIC VIOLENCE TO PUBLIC AUTHORITIES OR OTHER APPROPRIATE GOVERNMENT AUTHORITIES THAT ARE AUTHORIZED BY LAW TO RECEIVE SUCH REPORTS. TLC WILL OFTEN INFORM YOU OF THE DISCLOSURE UNLESS DOING SO COULD CAUSE A RISK OF HARM.
- E. PUBLIC HEALTH OVERSIGHT ACTIVITIES. WHERE AUTHORIZED UNDER STATE AND FEDERAL LAW, TLC MAY DISCLOSE PHI ABOUT YOU FOR HEALTHCARE OVERSIGHT ACTIVITIES. FOR EXAMPLE, TLC MAY DISCLOSE PHI TO A HEALTH OVERSIGHT AGENCY FOR SUCH ACTIVITIES AS AUDITS, INVESTIGATIONS (CIVIL, ADMINISTRATIVE, OR CRIMINAL), INSPECTIONS, LICENSURE, OR OTHER ACTIVITIES NECESSARY FOR APPROPRIATE HEALTHCARE OVERSIGHT.

- F. JUDICIAL OR ADMINISTRATIVE PROCEEDINGS. IN CERTAIN LIMITED SITUATIONS, WE MAY USE OR DISCLOSE PHI IN RESPONSE TO A VALID JUDICIAL OR ADMINISTRATIVE ORDERS, ORDERS OF THE COURT, AND IN RESPONSE TO A SUBPOENA, DISCOVERY REQUEST, OR OTHER LAWFUL PROCESS.
  - G. MEDICAL RESEARCH. UNDER CERTAIN CIRCUMSTANCES, WE MAY DISCLOSE PHI ABOUT YOU FOR MEDICAL RESEARCH.
  - H. CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION. WHERE PERMITTED UNDER STATE AND FEDERAL LAW, TLC MAY DISCLOSE PHI ABOUT YOU TO A CORONER OR MEDICAL EXAMINER FOR THE PURPOSE OF IDENTIFYING YOU SHOULD YOU DIE, IDENTIFYING THE CAUSE OF DEATH, OR PERFORMING OTHER ACTIVITIES AUTHORIZED BY LAW. TLC MAY ALSO DISCLOSE PROTECTED HEALTH INFORMATION TO A FUNERAL DIRECTOR, AS AUTHORIZED BY STATE AND FEDERAL LAW, IN ORDER TO PERMIT THE FUNERAL DIRECTOR TO CARRY OUT HIS OR HER DUTIES. PHI MAY ALSO BE USED AND DISCLOSED FOR CADAVERIC ORGAN, EYE, OR TISSUE DONATION PURPOSES.
  - I. WORKERS' COMPENSATION. TLC MAY DISCLOSE YOUR PHI AS NECESSARY TO COMPLY WITH STATE WORKERS' COMPENSATION LAWS OR OTHER SIMILAR PROGRAMS ESTABLISHED BY LAW.
  - J. SERIOUS THREAT TO HEALTH OR SAFETY. TLC MAY DISCLOSE PHI, CONSISTENT WITH APPLICABLE LAW AND STANDARDS OF ETHICAL CONDUCT, IF NECESSARY TO PREVENT OR LESSEN A SERIOUS THREAT TO HEALTH AND SAFETY. FOR EXAMPLE, THE TLC PROFESSIONAL RESPONSIBLE FOR YOUR CARE MAY DISCLOSE PHI ABOUT YOU TO PREVENT OR LESSEN A SERIOUS AND IMMINENT THREAT TO THE HEALTH OR SAFETY OF A PERSON OR THE PUBLIC IN GENERAL.
  - K. SPECIALIZED GOVERNMENTAL FUNCTIONS. WHEN THE APPROPRIATE CONDITIONS APPLY, AND WHERE REQUIRED UNDER STATE AND FEDERAL LAW, WE MAY DISCLOSE PHI ABOUT YOU IF IT RELATES TO MILITARY AND VETERANS' ACTIVITIES, NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES, AND PROTECTIVE SERVICES FOR THE PRESIDENT.
  - L. INMATES. WE MAY, CONSISTENT WITH APPLICABLE LAW, USE OR DISCLOSE PHI ABOUT YOU AS IT RELATES TO CORRECTIONAL INSTITUTIONS AND LAW ENFORCEMENT CUSTODIAL SITUATIONS INVOLVING YOU. FOR EXAMPLE, WE MAY DISCLOSE SUCH INFORMATION IF NECESSARY FOR THE PROVISION OF HEALTHCARE TO YOU IN A CORRECTIONAL INSTITUTION.
  - M. USES AND DISCLOSURES FOR INVOLVEMENT IN YOUR CARE AND NOTIFICATION PURPOSES. IN CERTAIN CIRCUMSTANCES, AND CONSISTENT WITH STATE AND FEDERAL LAW, WE MAY RELEASE PHI ABOUT YOU TO YOUR NEXT OF KIN, FAMILY MEMBER(S) WITH A LEGITIMATE ROLE IN YOUR CARE, OR ANY OTHER PERSON AUTHORIZED BY YOU TO RECEIVE YOUR PHI, SO LONG AS THE PROFESSIONAL RESPONSIBLE FOR YOUR CARE AT TLC HAS NOT DETERMINED THAT SUCH RELEASE OF INFORMATION WOULD BE HARMFUL TO YOUR PHYSICAL OR MENTAL WELL BEING OR THAT THE INTENDED RECIPIENT OF THE INFORMATION LACKS A LEGITIMATE NEED FOR IT. YOU WILL HAVE THE RIGHT TO OBJECT TO THESE TYPES OF DISCLOSURES.
  - N. EMERGENCY. AS PERMITTED BY FEDERAL AND STATE LAW, TLC MAY DISCLOSE YOUR PHI IN EMERGENCY TREATMENT CIRCUMSTANCES INVOLVING YOU.
- C. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION. EXCEPT FOR THE GENERAL CATEGORIES OF USES AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AND OTHER SPECIAL SITUATIONS DESCRIBED ABOVE, WE MUST OBTAIN YOUR WRITTEN AUTHORIZATION. FOR EXAMPLE, EXCEPT IN LIMITED SITUATIONS, A SEPARATE AUTHORIZATION WILL BE OBTAINED BEFORE TLC WILL USE OR DISCLOSE YOUR CLINICAL EVALUATIONS AND PSYCHOTHERAPY NOTES. CLINICAL EVALUATIONS AND NOTES ARE SEPARATELY FILED NOTES ABOUT YOUR CONVERSATIONS WITH YOUR THERAPIST DURING A COUNSELING SESSION. THEY DO NOT INCLUDE SUMMARY INFORMATION ABOUT YOUR MENTAL HEALTH TREATMENT. USES AND DISCLOSURE THAT CONSTITUTE A SALE OF PHI MUST BE IN WRITING.

YOU MAY CANCEL AN AUTHORIZATION WHENEVER YOU CHOOSE AS LONG AS YOUR WITHDRAWAL IS IN WRITING. IF YOU CANCEL YOUR AUTHORIZATION, WE WILL NO LONGER USE OR DISCLOSE PHI ABOUT YOU FOR THE REASONS INDICATED IN THE AUTHORIZATION. YOU UNDERSTAND THAT WE ARE UNABLE TO TAKE BACK ANY DISCLOSURES WE HAVE ALREADY MADE PRIOR TO YOUR CANCELLATION. WE MAY ALSO HAVE TO REFER YOU TO ANOTHER PROVIDER IF WE CAN NO LONGER BILL YOUR INSURANCE AND YOU CANNOT AFFORD THE SELF-PAY RATES.

### SECTION III. NOTICE OF YOUR INDIVIDUAL RIGHTS.

- A. YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON THE USES & DISCLOSURES OF YOUR PHI. YOU MAY REQUEST TLC RESTRICT YOUR PHI TO CARRY OUT TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS OR TO RESTRICT USES AND DISCLOSURES FOR OTHER REASONS. YOU CAN REQUEST RESTRICTIONS FOR FAMILY MEMBERS, RELATIVES, FRIENDS OR OTHERS PERSONS IDENTIFIED BY YOU WHO ARE INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE. YOU HAVE THE RIGHT AND CHOICE TO TELL US TO SHARE YOUR INFORMATION WITH YOUR FAMILY, CLOSE FRIENDS, OR OTHERS INVOLVED IN YOUR CARE, SHARE INFORMATION IN A DISASTER RELIEF SITUATION, AND INCLUDE YOUR INFORMATION IN A HOSPITAL DIRECTORY. IF YOU ARE UNABLE TO TELL US YOUR PREFERENCE, FOR EXAMPLE IF YOU ARE UNCONSCIOUS, WE MAY GO AHEAD AND SHARE YOUR INFORMATION IF WE BELIEVE IT IS IN YOUR BEST INTEREST. WE MAY ALSO SHARE YOUR INFORMATION WHEN NEEDED TO LESSEN A SERIOUS OR IMMINENT THREAT TO HEALTH OR SAFETY. UNDER FEDERAL LAW, WE ARE NOT REQUIRED TO AGREE WITH YOUR REQUEST. HOWEVER, EVEN IF WE AGREE WITH YOUR REQUEST, IN CERTAIN SITUATIONS YOUR RESTRICTIONS MAY NOT BE FOLLOWED, INCLUDING EMERGENCY TREATMENT, DISCLOSURES TO THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE USES AND DISCLOSURES DESCRIBED IN SECTION II, B ABOVE.
  - 1. YOUR REQUEST MUST BE IN WRITING.
  - 2. PLEASE DIRECT SUCH REQUESTS TO THE THERAPIST OR OWNERS OF TLC.
- B. YOU HAVE THE RIGHT TO INSPECT AND OBTAIN A COPY OF YOUR PHI IN DESIGNATED RECORD SETS. WITH SOME EXCEPTIONS, YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PHI CONTAINED IN A "DESIGNATED RECORD SET" AS LONG AS TLC MAINTAINS YOUR INFORMATION.
  - 1. A "DESIGNATED RECORD SET" INCLUDES YOUR MEDICAL RECORD, BILLING RECORDS, PAYMENT, BILLING AND ADJUDICATION DOCUMENTS, AND CASE MANAGEMENT RECORD SYSTEMS. AND RECORDS USED TO MAKE DECISIONS ABOUT YOU.
  - 2. THERE ARE CERTAIN SITUATIONS IN WHICH WE ARE NOT REQUIRED TO COMPLY WITH YOUR REQUEST. UNDER THESE SITUATIONS, WE WILL RESPOND TO YOU IN WRITING, STATING WHY WE WILL NOT GRANT YOUR REQUEST AND DESCRIBING ANY RIGHTS YOU MAY HAVE TO REQUEST A REVIEW OF OUR DENIAL.
  - 3. YOUR REQUEST MUST BE IN WRITING AND MADE TO THE THERAPIST OR OWNERS OF TLC.

4. WE MAY CHARGE A REASONABLE, COST-BASED FEE, FOR THE COSTS OF COPYING, MAILING AND/OR OTHER SUPPLIES ASSOCIATED WITH YOUR REQUEST.

C. YOU HAVE THE RIGHT TO HAVE YOUR PHI AMENDED. YOU HAVE THE RIGHT TO REQUEST THAT WE MAKE AMENDMENTS TO CLINICAL, BILLING, AND OTHER RECORDS USED TO MAKE DECISIONS ABOUT YOU. YOUR REQUEST MUST BE IN WRITING AND MUST EXPLAIN YOUR REASON(S) FOR THE AMENDMENT. THE REQUEST MUST BE MADE TO THE THERAPIST OR OWNERS OF TLC. WE MAY DENY YOUR REQUEST IF IT IS NOT IN WRITING, DOES NOT INCLUDE A REASON TO SUPPORT THE REQUEST, OR YOU ASK US TO AMEND INFORMATION THAT:

1. WAS NOT CREATED BY US (UNLESS YOU PROVE THE CREATOR OF THE INFORMATION IS NO LONGER AVAILABLE TO AMEND THE RECORD);
2. IS NOT PART OF YOUR DESIGNATED RECORD SET;
3. IS NOT PART OF THE INFORMATION WHICH YOU WOULD BE PERMITTED TO INSPECT AND COPY; OR
4. WE BELIEVE IS ACCURATE AND COMPLETE.

IF WE DENY YOUR REQUEST, WE WILL TELL YOU IN WRITING THE REASONS FOR THE DENIAL AND DESCRIBE YOUR RIGHTS TO GIVE US A WRITTEN STATEMENT DISAGREEING WITH THE DENIAL.

D. YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF PHI DISCLOSURES MADE BY TLC. AT YOUR REQUEST TLC WILL PROVIDE YOU WITH AN ACCOUNTING OF DISCLOSURES DURING THE SIX-YEAR PERIOD PRIOR TO THE DATE OF YOUR REQUEST (NOT INCLUDING DISCLOSURES MADE PRIOR TO JUNE 1, 2012). YOUR REQUEST MUST BE IN WRITING AND MADE TO THE THERAPIST OR OWNERS OF TLC. HOWEVER, SUCH ACCOUNTING WILL NOT INCLUDE PHI DISCLOSURES MADE:

1. FOR YOUR TREATMENT;
2. FOR BILLING AND COLLECTION OF PAYMENT FOR YOUR TREATMENT;
3. FOR OUR HEALTHCARE OPERATIONS;
4. MADE TO OR REQUESTED BY YOU, OR THAT YOU AUTHORIZED;
5. OCCURRING AS A BYPRODUCT OF PERMITTED USES AND DISCLOSURES;
6. MADE TO INDIVIDUALS INVOLVED IN YOUR CARE, WHEN THE USE AND/OR DISCLOSURE RELATES TO CERTAIN SPECIALIZED GOVERNMENT FUNCTIONS, OR WHEN THE USE AND/OR DISCLOSURE RELATES TO CORRECTIONAL INSTITUTIONS AND IN OTHER LAW ENFORCEMENT CUSTODIAL SITUATIONS (PLEASE SEE SECTION II, B ABOVE); AND
7. AS PART OF A LIMITED SET OF INFORMATION WHICH DOES NOT CONTAIN CERTAIN INFORMATION WHICH WOULD IDENTIFY YOU.

IF YOU REQUEST MORE THAN ONE ACCOUNTING WITHIN A 12-MONTH PERIOD, TLC WILL CHARGE A REASONABLE COST-BASED FEE FOR EACH SUBSEQUENT ACCOUNTING.

E. YOU HAVE THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS. YOU HAVE THE RIGHT TO REQUEST THAT WE COMMUNICATE WITH YOU ABOUT MEDICAL MATTERS IN A SPECIFIC MANNER OR LOCATION. TO REQUEST CONFIDENTIAL COMMUNICATIONS, YOU MUST MAKE YOUR REQUEST IN WRITING TO THE THERAPIST OR OWNERS OF TLC. YOUR REQUEST MUST SPECIFY HOW AND/OR WHERE YOU WISH TO BE CONTACTED, AND WE WILL NOT ASK YOU THE REASON FOR THE REQUEST. WE WILL ACCOMMODATE ALL REASONABLE REQUESTS.

F. YOU HAVE THE RIGHT TO A PAPER OR ELECTRONIC COPY OF THIS NOTICE. YOU MAY ASK US TO GIVE YOU A COPY OF THIS NOTICE AT ANY TIME. EVEN IF YOU HAVE AGREED TO RECEIVE THIS NOTICE ELECTRONICALLY, YOU ARE STILL ENTITLED TO A PAPER COPY.

G. YOU HAVE THE RIGHT TO HAVE SOMEONE ACT ON YOUR BEHALF. IF YOU GIVEN SOMEONE MEDICAL POWER OF ATTORNEY OR IF SOMEONE IS YOUR LEGAL GUARDIAN, THAT PERSON CAN EXERCISE YOUR RIGHTS AND MAKE CHOICES ABOUT YOUR HEALTH INFORMATION. WE WILL MAKE SURE THE PERSON HAS THE AUTHORITY AND CAN ACT FOR YOU BEFORE WE TAKE ANY ACTION. DEPENDING ON YOUR AGE (18 AND OVER) OR IF YOU ARE EMANCIPATED, YOU MAY CANCEL AN AUTHORIZATION WHENEVER YOU CHOOSE AS LONG AS YOUR WITHDRAWAL IS IN WRITING OR VERBALLY WITH A WITNESS. IF YOU CANCEL YOUR AUTHORIZATION, WE WILL NO LONGER USE OR DISCLOSE PHI ABOUT YOU FOR THE REASONS INDICATED IN THE AUTHORIZATION. YOU UNDERSTAND THAT WE ARE UNABLE TO TAKE BACK ANY DISCLOSURES WE HAVE ALREADY MADE PRIOR TO YOUR CANCELLATION.

H. IN THESE CASES WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION. MARKETING PURPOSES, SALE OF YOUR INFORMATION, AND MOST SHARING OF PSYCHOTHERAPY NOTES. IN THE CASE OF FUNDRAISING, WE MAY CONTACT YOU FOR FUNDRAISING, BUT YOU CAN TELL US NOT TO CONTACT YOU AGAIN.

I. ASK US TO LIMIT WHAT WE USE OR SHARE. YOU CAN ASK US NOT USE OR SHARE CERTAIN HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR OUR OPERATIONS WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST AND WE MAY SAY NO IF IT WOULD AFFECT YOUR CARE. IF YOU PAY FOR A SERVICE OR HEALTH CARE ITEM IN FULL YOU CAN ASK US NOT TO SHARE THAT INFORMATION FOR THE PURPOSE OF PAYMENT OR OUR OPERATIONS WITH YOUR HEALTH INSURER, WE WILL SAY "YES" UNLESS THE LAW REQUIRES US TO SHARE THAT INFORMATION.