



Notice of Privacy Practices

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your therapist and/or Mosaic Counseling Services, LLC (Mosaic) may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *written authorization*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
 - *Treatment* is when your therapist provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another mental health provider.
 - *Payment* is when your therapist and Mosaic obtain reimbursement for your healthcare. Examples of payment are when your therapist and/or Mosaic discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of Mosaic. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within Mosaic [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Mosaic [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required signed form.

II. Other Uses and Disclosures Requiring Authorization

Mosaic and/or your therapist may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances, when your therapist and/or Mosaic is asked for information for purposes outside of treatment, payment, or health care operations, your therapist and/or Mosaic will obtain an authorization from you before releasing this information. Your therapist and/or Mosaic will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes your therapist have made about your conversation during a private, group, joint, or family counseling session, which your therapist has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your therapist and/or Mosaic has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Your therapist and/or Mosaic may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If your therapist believes that a child is a victim of child abuse or neglect, your therapist must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If your therapist believes or has reason to believe that an individual is an endangered adult, they must report this belief to the appropriate authorities.
- *Health Oversight Activities* – If the Indiana Attorney General’s Office (who oversees complaints brought against mental health providers instead of the Indiana State Psychology Board) is conducting an investigation into your therapist, then your therapist and/or Mosaic is required to disclose PHI upon receipt of a subpoena.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services your therapist provided you and/or the records thereof, such information is privileged under state law, and your therapist and/or Mosaic will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If you communicate to your therapist and/or Mosaic an actual threat of violence to cause serious injury or death against a reasonably identifiable victim or victims or if you evidence conduct or make statements indicating an imminent danger that you will use physical violence or use other means to cause serious personal injury or death to others, your therapist and/or Mosaic may take the appropriate steps to prevent that harm from occurring. If your therapist and/or Mosaic has reason to believe that you present an imminent, serious risk of physical harm or death to yourself, your therapist and/or Mosaic may need to disclose information in order to protect you. In both cases, only the minimum amount of information necessary will be disclosed.
- *Worker’s Compensation* – Your therapist and/or Mosaic may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient’s Rights and Mosaic’s Duties

Patient’s Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, your therapist and/or Mosaic is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving services. On your request, Mosaic will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI from Mosaic and billing records used to make decisions about you for as long as the PHI is maintained in the record. Mosaic may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Mosaic will discuss with you the details of the request and denial process.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Mosaic may deny your request. On your request, Mosaic will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, Mosaic will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from Mosaic upon request, even if you have agreed to receive the notice electronically.

Mosaic's Duties:

- Your therapist and Mosaic are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- Mosaic reserves the right to change the privacy policies and practices described in this notice. Unless Mosaic notifies you of such changes, however, Mosaic is required to abide by the terms currently in effect.
- If Mosaic revises their policies and procedures, Mosaic will post it their office a revised notice and will provide you with a copy at your request.

V. Complaints

If you are concerned that your therapist and/or Mosaic has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the Indiana Health Professions Bureau.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Your therapist and/or Mosaic can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on June 4th, 2020.