

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information.

Our commitment to your privacy:

GROUNDING FOUNDATIONS COUNSELING, LLC AND VIVIAN L. VONK ARE REQUIRED TO PROVIDE THIS NOTICE TO YOU BY A NEW FEDERAL LAW. THE *HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)*. THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION IN ACCORDANCE WITH THE *HIPAA PRIVACY RULE*. PLEASE REVIEW IT CAREFULLY.

What we mean by your Protected Health Information (PHI)

Each time you visit us or any health care provider, information is collected about you regarding your physical and mental health. It may be information about your past, present or future health conditions: tests or treatment you received from us or from others; or information regarding payment for health care. The data we collect from you is called the "PHI" which stands for "protected health information", which goes into your medical records in our office.

How we use and disclose your protected health information with your consent:

We will use the information we collect to provide treatment to you, bill for services, and conduct health care operations.

Treatment refers to therapeutic services provided to you and may include coordinating or consulting with other health care professionals who are also providing services to you, such as your family physician or another mental health professional. Prior to consulting with another professional, we will obtain a signed Release of Information from you. At times, professional consultation may occur with other professionals to improve the quality of care to the client without disclosing any identifying information. In this case, a signed release of information will not be required and rules of confidentiality will be strictly adhered to.

Payment refers to collection of fees for services either from you, your insurance company, or any other third party. We may disclose your PHI to your health insurer to obtain reimbursement for your health care. It is your responsibility to confirm that therapy services are a covered benefit.

Health Care Operations refer to activities that are related to the performance and operation of this practice. This includes conducting required business duties, audits, and administrative services.

Disclosing your health information without your consent:

There are limited situations where we are required by law to share your information without your signed authorization.

These situations include:

1. A response to a serious threat to your health and safety, another person's health and safety, or to the general public. We share information only with persons who are able to help prevent or reduce the threat.
2. Any known or suspected abuse of a child, which includes physical abuse, sexual abuse, neglect, or exposure to domestic violence.
3. Lawsuits and other legal court proceedings or when otherwise required by law.
4. Providing access to workers' compensation or similar benefit programs.
5. Responding to inquiries or investigations by the Utah Division of Occupational and Professional Licensing in the event a complaint is filed against this therapy practice

Mental Health Professionals Privacy Duties:

We are required by law to:

1. Maintain the privacy of your protected health information (PHI).
2. Provide this notice, which describes the way we may use and share your PHI.
3. Follow the terms of this notice currently in effect.

Client's Rights:

You have the right to:

1. Request restrictions on certain uses and disclosures of your PHI. However, we are not required to agree to a restriction you request.
2. Request and receive confidential communications of PHI by alternative means and at alternative location; for example, you may request that your statements be sent to an alternative address.
3. Inspect and/or receive a copy of your PHI. Under certain circumstances, we may deny your access to a portion of your PHI, and you may request a review of the denial.
4. Maintain a copy of this notice.
5. File a complaint if you believe your privacy rights have been violated. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you need more information or have questions about the privacy practices described above, please speak to your therapist. If you have a problem with how your PHI has been handled, or if

you believe your privacy has been violated, as stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We will not in any way limit your care here or take any actions against you if you complain.

The effective date of this notice is April 23, 2022.