



CHAT N RELAX COUNSELING & CONSULTATION, LLC ®
DaRon Stephens, LMHC, MCAP
FLORIDA
(P) 201-675-1083

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 REVIEW IT CAREFULLY.

As required by federal law (**42 CFR PART 2**), *Chat N Relax Counseling & Consultation, LLC* is required to maintain the privacy of **PHI (Protected Health Information)**. The information collected about you at *Chat N Relax Counseling & Consultation, LLC*, considered PHI, includes any identifiable information that relates to your past, present, or future physical or mental health care you have received or payment for your health care. The notice below discuss (**42 U.S.C. 290DD-2**), **confidentiality of records** and (**42 U.S.C. 290ee-3**), **confidentiality of alcohol and drug use records**. This notice also explains how you may access you PHI and discusses the uses in addition to disclosures **Chat N Relax Counseling & Consultation, LLC** will make regarding your PHI. You can request a copy of this privacy notice at any time before, during, and after treatment.

PERMITTED USES & DISCLOSURES

TREATMENT: is the provision, coordination, or management of health care and related services for an individual by one or more health care provider, including consultation between providers regarding a patient and referral of a patient by one provider to another.

PAYMENT: Your PHI may be disclosed to obtain payment for services provided to you. Your authorization will need to be granted and a release signed prior before your PHI is disclosed. Examples of payment activities are collections, billing, eligibility or coverage for insurance benefits, claims, and or utilization review. A minimal amount of PHI will be disclosed for purpose of payment.

HEALTH CARE OPERATIONS: involves certain administrative, financial, legal, and quality improvement activities of a business entity that are necessary to run its business and to support the core functions of treatment and payment. Examples of health care operations are quality assessments, competence or qualifications of health care professionals, underwriting involving insurance claims, medical reviews, legal, auditing, and compliance programs. Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity. General Provisions at **45 CFR 164.506**.

OTHER USES FOR DISCLOSURE: Your informal permission to disclose your PHI to your family, relatives, or friends or to other people you identify; relevant in your care or payment of care. You may be contacted to verify your upcoming appointments. You may be contacted to discuss alternative treatment or other health related services that may be benefit you. Your PHI may be disclosed authorized by law to assist in disaster or terroristic situations.

DISCLOSURE WITHOUT AUTHORIZATION

REQUIRED BY LAW: Your PHI may be disclosed without individual authorization as required by law including statute, regulation, subpoena, or court order.



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ABUSE, NEGLECT, DOMESTIC VIOLENCE, and DANGER TO SELF OR OTHERS: Your PHI may be disclosed without individual authorization to appropriate government authorities such as law enforcement and protective services regarding victims of abuse, neglect, domestic violence and/or imminent danger to self and/or others.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: Your PHI may be disclosed in a judicial or administrative proceeding if the request for the information is through a court order or administrative tribunal. Your PHI may be disclosed in response to a subpoena or other lawful requests.

LAW ENFORCEMENT PURPOSES: Your PHI may be disclosed to law enforcement officials for law enforcement purposes under the following six (6) circumstances and subjected to specified conditions:

1. Required by law including court orders, court ordered warrants, subpoenas, and administrative requests.
2. To identify or locate a suspect, fugitive, material witness, or missing person.
3. In response to a law enforcement official's request for information about a victim or suspected victim of a crime.
4. To alert law enforcement of a person's death; suspects that criminal activity caused the death
5. When your PHI is evidence of a crime that occurred on its premises.
6. In relation to a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims and the perpetrator of the crime.

PHI AND YOUR RIGHTS

- ❑ **REASONALBE ACCESS TO YOUR RECORDS:** You may request access to your records (PHI) to review, amend, and copy (under certain circumstances) at any time during and/or after services provided to you. Your PHI may be denied or partially restricted to you if the revealing of the record may cause serious harm to you. A reasonable administrative fee may be charged to you for copies and/or treatment letters involving your PHI.
- ❑ **DISCLOSURES:** You may request and audit of how your PHI was disclosed during treatment or for a specific entity you signed authorization to release PHI for. If you request a paper or letter of said disclosure(s), a reasonable administrative fee may be charged to you for copies and/or treatment letters involving your PHI.
- ❑ **RESTRICTIONS:** You may restrict your record or PHI to be revealed at any time during treatment for any reason, however, please keep in mind *your request may be denied if required by law, sued, legal, court ordered, or subpoenaed.*

COMPLAINTS

Any questions about your treatment, handling of PHI (Protected Health Information), Notice of Privacy Practices, or any concerns about your privacy rights, please consult **with DaRon Stephens, LMHC, MCAP at (201) 675-1083.**

You may also file a complaint Secretary of U.S. Department of Health and Human Services.



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Department of Health
Mental Health Professions
 4052 Bald Cypress Way Bin C-08
 Tallahassee, FL 32399-3258
 (850) 245-4292

Florida Certification Board
 1715 South Gadsden St.
 Tallahassee, FL, 32301
 (850) 222-6314

I, _____ (**Print**), acknowledge that I have read and full understood **Notice of Privacy Practices** provided by **Chat N Relax Counseling & Consultation, LLC**. I have also received a copy of the Notice of Privacy Practices.

 (Signature) _____
(Date)

 (Parent/Guardian Signature) – If Minor _____
(Date)

 (DaRon Stephens, LMHC, MCAP) _____
(Date)