

Notice of Privacy Practices

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Turner Counseling Solutions

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THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THAT INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

You have the right to receive a paper or electronic copy of this Notice and to discuss it with the Privacy Officer identified at the end of this document.

1. Our Commitment to Your Privacy

Turner Counseling Solutions is committed to protecting your personal health information and maintaining your privacy.

Federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA), establish requirements for protecting health information.

Protected Health Information (PHI) includes information that identifies you and relates to your health, counseling services, treatment, or payment for services.

This Notice explains how your information may be used or disclosed, your rights regarding that information, and the responsibilities of Turner Counseling Solutions.

When applicable Kentucky or Florida law provides greater confidentiality protections than federal law, those additional protections will be followed.

2. How Your Health Information May Be Used or Disclosed

Treatment

Your health information may be used to provide counseling, develop treatment plans, document progress, coordinate care, and make clinically appropriate referrals.

Information may be shared with other health care providers involved in your treatment when permitted by applicable law.

Additional authorization will be obtained when required by federal or state confidentiality laws.

Payment

Your information may be used or disclosed as necessary to process payments, maintain financial records, provide invoices, and manage billing.

Turner Counseling Solutions is a private-pay practice and does not submit insurance claims directly.

If you request a superbill for possible insurance reimbursement, it may contain identifying information, service codes, dates of service, and diagnostic information.

Health Care Operations

Your information may be used for activities necessary to operate the practice, including:

- Maintaining clinical records
- Scheduling and managing appointments

- Maintaining secure electronic health records
- Processing payments
- Conducting legally authorized administrative activities
- Evaluating and improving the quality of services
- Obtaining appropriate professional consultation

These activities may involve authorized service providers who perform functions on behalf of the practice and are required to protect your information as applicable.

3. Disclosures Permitted or Required by Law

Certain circumstances may permit or require disclosure of your information without your written authorization.

These may include:

Abuse or Neglect: Reporting suspected child abuse, neglect, or abuse of vulnerable individuals when required by applicable law.

Safety Concerns: Disclosures necessary to address serious threats to health or safety when authorized or required by applicable law.

Legal Requirements: Disclosures required by applicable federal or state law, including certain legally valid court orders and judicial proceedings.

Health Oversight: Disclosures to authorized agencies for legally permitted audits, investigations, or professional regulatory activities.

Public Health: Disclosures for legally authorized public health activities.

Law Enforcement: Disclosures to law enforcement when specifically permitted or required by law.

Workers' Compensation: Disclosures when authorized or required under applicable workers' compensation laws.

Medical Examiners and Funeral Directors: Disclosures for legally authorized duties following an individual's death.

Organ and Tissue Donation: Disclosures to authorized organizations when applicable.

Research: Disclosures for research only when applicable legal privacy requirements and safeguards are satisfied.

Special Government Functions: Disclosures for legally authorized military, national security, and other government functions.

Health and Human Services: Disclosures to the U.S. Department of Health and Human Services when required to demonstrate compliance with federal privacy requirements.

A subpoena, attorney request, or involvement in litigation does not automatically authorize unrestricted disclosure of counseling records.

Requests for records or testimony will be reviewed under applicable laws governing confidentiality, privilege, and disclosure.

4. Additional Protections for Mental Health Information

Mental health counseling records are subject to confidentiality protections under applicable federal and state laws.

Kentucky and Florida provide additional protections for certain confidential counseling communications.

Information will not be disclosed solely because another person, attorney, family member, or participant in treatment requests it.

When written authorization is legally required, information will not be released without the appropriate authorization unless another legal exception applies.

Psychotherapy Notes

Psychotherapy notes, as specifically defined under HIPAA, receive additional protections when maintained separately from the clinical record.

Most uses or disclosures of these separately maintained notes require specific written authorization, except when an applicable legal exception permits or requires otherwise.

Routine progress notes, treatment plans, diagnoses, and other information maintained as part of the general clinical record are not automatically classified as separately protected psychotherapy notes.

5. Additional Protections for Substance Use Disorder Records

Certain substance use disorder treatment records are subject to additional federal confidentiality protections under 42 CFR Part 2.

When Turner Counseling Solutions receives or maintains records protected by Part 2, those records will be used and disclosed only as permitted by applicable federal requirements.

Where applicable, these protections include:

- Requirements for patient consent to certain uses and disclosures.
- Additional protections for substance use disorder counseling notes.
- Restrictions on the use or disclosure of protected records in investigations or civil, criminal, administrative, or legislative proceedings against a patient.
- Additional rights concerning information sharing and certain disclosures.
- The right to file complaints regarding violations of Part 2 confidentiality requirements.

Part 2 records generally cannot be used or disclosed in proceedings against a patient without the patient's specific written consent or a qualifying court order accompanied by legally required process.

When a patient provides consent for treatment, payment, and health care operations disclosures, certain recipients subject to HIPAA may redisclose the information as HIPAA permits. The additional restrictions concerning proceedings against the patient continue to apply.

Where applicable, Part 2 confidentiality requirements will be followed alongside other federal and state protections.

6. Uses and Disclosures Requiring Written Authorization

Certain uses or disclosures of your health information require your written authorization, including:

- Most uses or disclosures of separately maintained psychotherapy notes
- Uses or disclosures for marketing purposes when authorization is required
- Sale of protected health information
- Other disclosures for which written authorization is required by federal or state law

Turner Counseling Solutions does not sell clients' protected health information.

If you authorize a disclosure, you may revoke that authorization in writing, subject to applicable law. Revocation will not reverse disclosures already made in reliance on the authorization.

7. Your Choices Regarding Disclosure

You may express preferences about sharing your information with family members, friends, or others involved in your treatment or payment for services.

When legally permitted, information may be shared with individuals involved in your care or payment in accordance with your preferences and applicable privacy requirements.

When you cannot communicate your preferences, limited disclosures may be made when legally permitted and clinically appropriate.

Your involvement in couples, co-parenting, or family therapy does not automatically authorize unrestricted access to your individual health information.

Additional confidentiality and information-sharing expectations for joint counseling are established through separate agreements.

8. Your Rights Regarding Your Health Information

Right to Access Your Records

You have the right to request access to or copies of your health information, subject to applicable legal exceptions.

Requests will generally be addressed within 30 days, unless an extension is permitted by law.

Fees for copies of records, when applicable, will be limited to amounts permitted by law.

Right to Request Corrections

You may request an amendment to information in your clinical record that you believe is incorrect or incomplete.

If your request is denied, you will receive an explanation in writing within the timeframe required by law, generally within 60 days, subject to a permitted extension.

Right to Request Restrictions

You may request limits on certain uses or disclosures of your health information.

The practice is not required to agree to every requested restriction, except in circumstances where applicable law requires compliance.

For example, when you pay out of pocket in full for a service, you may request that information relating solely to that service not be disclosed to your health plan for payment or health care operations, unless disclosure is required by law.

Right to Confidential Communications

You may request that the practice communicate with you through a particular method or at a specific address.

Reasonable requests for confidential communication will be accommodated.

Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your health information made during the preceding six years.

Some disclosures, including many made for treatment, payment, and health care operations, are excluded from this accounting under HIPAA.

One accounting within a 12-month period will be provided without charge. Additional requests may be subject to a reasonable, cost-based fee.

Right to a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to a Personal Representative

A legally authorized personal representative may exercise certain privacy rights on your behalf, subject to applicable laws and limitations.

The practice may request documentation establishing the representative's legal authority.

Right to File a Complaint

You have the right to file a complaint if you believe your privacy rights have been violated.

You may contact Turner Counseling Solutions directly or submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against for filing a complaint.

9. Special Considerations for Couples and Family Counseling

When multiple individuals participate in counseling, confidentiality and access to records may involve additional legal and ethical considerations.

Information shared during joint sessions may be heard by other participants. The therapist cannot guarantee that participants will keep information private outside therapy.

However, the presence of multiple participants does not eliminate applicable confidentiality protections.

Individual disclosures, record requests, and the release of information related to joint treatment will be handled in accordance with applicable laws and the signed joint counseling agreements.

Additional written authorization may be required before disclosing information belonging to another participant.

10. Electronic Records and Telehealth

Turner Counseling Solutions provides counseling exclusively through telehealth and maintains electronic records using systems intended to protect confidential health information.

Electronic systems may be used for:

- Telehealth appointments

- Clinical documentation
- Secure client communications
- Appointment scheduling
- Payment processing
- Administrative operations

Reasonable administrative, technical, and physical safeguards are used to protect health information.

Electronic communication involves some inherent privacy and security risks.

Clients are encouraged to use the secure client portal when communicating sensitive health information.

11. Our Responsibilities

Turner Counseling Solutions is required to:

- Maintain the privacy and security of protected health information.
- Follow applicable federal and state confidentiality laws.
- Provide this Notice of Privacy Practices.
- Follow the privacy practices described in the currently effective Notice.
- Notify affected individuals of breaches involving unsecured protected health information when required by law.
- Limit uses and disclosures in accordance with applicable legal requirements.
- Honor applicable client privacy rights and legally valid authorization restrictions.

Your information will not be used or disclosed in ways inconsistent with this Notice unless permitted or required by law or authorized by you in writing.

12. Changes to This Notice

Turner Counseling Solutions reserves the right to revise this Notice of Privacy Practices as permitted by law.

Any revised Notice may apply to health information already maintained by the practice as well as information received in the future.

The updated Notice will be made available upon request and through the practice website.

13. Questions or Privacy Complaints

For questions regarding this Notice, requests involving your health information, or concerns about privacy practices, contact:

Privacy Officer: Afton Turner, LPCC

Turner Counseling Solutions

5605 Oxford Ct

Louisville, KY 40291

Phone: 502-208-9079

Email: AftonTurner.LPCC@gmail.com

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue SW

Washington, DC 20201

Phone: 1-877-696-6775

Website: www.hhs.gov/hipaa/filing-a-complaint

You will not be retaliated against for exercising your privacy rights or filing a complaint.

14. Acknowledgment of Receipt

By signing below, I acknowledge that I have received the Notice of Privacy Practices for Turner Counseling Solutions.

I understand that this document explains how my protected health information may be used or disclosed, my privacy rights, and how to raise concerns or request information.

My signature acknowledges receipt of this Notice. It does not constitute a waiver of confidentiality or authorize disclosures beyond those otherwise permitted by law.