

BRIGHT COUNSELING, PLLC
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[Bright Counseling, PLLC](#)

NOTICE OF PRIVACY PRACTICES

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

Health Insurance Portability and Accountability Act (HIPAA)

This refers to a federal law that provides protection and patient rights with regards to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of Protected Health Information (PHI) for treatment, payment, and health care operations. The law requires that I obtain your signature acknowledging that I have provided you these disclosures at the end of this session. A description of the circumstances in which I may disclose information is provided for you. Please review it carefully so you understand fully what confidentiality does and does not mean in therapy. I am happy to discuss any of these rights with you.

Notice of Privacy Practices

With your signed authorization, I may disclose information in the following situations.

- Consultation with other health and mental health professionals
- Disclosures required by health insurers
- Disclosures required in collecting overdue fees. If your account has not been paid for more than 90 days and arrangements have not been agreed upon, I have the option of using legal means (small claims court) to secure payment. This requires me to disclose otherwise confidential information. If legal action is necessary, costs are included in the claim.
- Court Proceedings (discussed elsewhere in this Agreement)

- Government Agency requests for information in health oversight activities
- Patient-initiated complaint or lawsuit against me. (I may disclose relevant information regarding that patient to defend myself.)
- If I have reasonable cause to believe a child has suffered abuse or neglect.
- If I have reasonable cause to believe that abandonment, abuse, financial exploitation or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.
- If I reasonably believe there is imminent danger to the health or safety of the patient or any individual.

Expanded Clinical Records Rights

HIPAA provides you with several new or expanded rights with regards to your clinical records and disclosures of protected health information. These rights include:

- Requesting restrictions on what information from your clinical records is disclosed to others
- Requesting an accounting of most disclosures of protected health information that you have neither consented or authorized
- Determining the location to which protected information disclosures are sent.
- Having any complaints you make about my policies and procedures recorded in your records.
- The right to a paper copy of your signed Agreement, the attached Notice form, and my privacy policies and procedures.

Based on the new HIPAA Guidelines I am including the following information about the use of cell phones and emails for communication. Please know that I will take every precaution to be careful with my cell phone and computer. However, it is important that you know the potential risks involved with confidentiality using these devices.

Teletherapy or Telehealth services

In this case, mental health services provided via an electronic medium -such a HIPPA secure chat program- may be utilized in your treatment if we both agree this would be a clinically appropriate intervention if you cannot attend an in-person session(s).

Social Media

I do not accept friend requests from current or former clients or parents/guardians on social networking sites nor will I communicate with clients or parents/guardians via any interactive or social media websites. This is to protect both your privacy and mine.

Web Searches

I will not use web searches to gather information about you without your permission. However, I understand that you might choose to gather information about me in this way. Clients are welcome to discuss any information they encounter online during therapy sessions.

Mobile Phone Communication

Please note that if we communicate via my mobile phone by voice or text, your phone number will be stored in the phone's memory and therefore if my mobile phone is lost or stolen, it is theoretically possible that your contact information might be accessed. Note that my mobile phone is itself password protected providing one line of defense against such a breach. I also use a Google Voice number for my clinical work which provides another layer of protection.

Email Communication

If you elect to communicate with me by email, please be aware that email is not completely confidential. All emails are retained in the logs of your and/or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be considered part of your treatment record. I regularly access email communications via my password-protected

laptop computer and mobile phone. It is theoretically possible that if my laptop and/or mobile phone is lost or stolen and the password is somehow circumvented our email communications could be accessed.

Simple Practice

Simple Practice (www.simplepractice.com) is medical software system that I use in my practice. This is a HIPPA compliant tool that securely stores electronic medical records. There is a patient portal component that, if you choose to set up, would allow us to communicate through a secure email and would also provide appointment reminders and indication of account billing.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.