Peace of Mind Counseling and Consulting

Notice of Privacy Practices

Effective January 2026

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

If you have any questions about this Notice, please contact Ashley Williams at Ashley.williams@pomcnc.org or 615-307-0161.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health condition or related health care services.

We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Any revision to this Notice of Privacy Practices will be available at https://www.peaceofmindcounselingandconsulting.org/. You may also contact us and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next visit. We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information.

I. Uses and Disclosures of PHI:

A. How this Practice May Use or Disclose Your Health Information:

This practice collects health information about you and stores it in a chart; this is your medical record. The medical record is the property of this practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

i. **Treatment.** We use and disclose PHI to provide, coordinate, and manage your health care and any related services. This includes the coordination of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose PHI to physicians who may be treating you or who will provide services that we do not provide, with the necessary permission from you.

ii. **Payment.** Your PHI will be used and disclosed, as needed, to obtain payment for the services we provide. For example, we give your health plan (insurance) information it requires before we can receive payment.

iii. **Health Care Operations.** We may use and disclose PHI to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose PHI to obtain approval from your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including but not limited to fraud and abuse detection and compliance programs and business planning and management. We may also share your PHI with our "business associates," such as our billing service that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your PHI. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

B. Other Uses and Disclosures of PHI with Required Authorization:

We may use and disclose your PHI only with your written authorization, unless otherwise permitted or required by law. You have the opportunity to agree or object to use or disclosure of all or part of your PHI. You may revoke this authorization in writing, at any time.

i. **Psychotherapy Notes.** We will not disclose your psychotherapy notes without your prior written consent except for the following: 1.) use by the originator of the notes for your treatment, 2.) for training our staff and other trainees, 3.) to defend ourselves if you sue us or bring some other legal proceeding, 4.) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5.)in response to health oversight activities concerning your psychotherapist, 6.) to avert a serious and imminent threat to health or safety, or 7.)to the coroner or medical examiner after you die. To the extent that you revoke authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

ii. **Marketing Purposes.** We will not use or disclose your PHI for marketing purposes.

iii. **Sale of PHI.** We will not sell your health information.

iv. **Disclosure to Family, Friends, or Others.** We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death, unless you have instructed us otherwise. In the event of a natural disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. If you are unable or unavailable to agree or object, our health professionals will use their best judgement in communication with your family or others.

C. Other Uses and Disclosures of PHI without a Required Authorization:

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

i. **Required by Law.** As required by law, we will use and disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such use or disclosure. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

ii. **Public Health.** We may use and disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive information. This disclosure will be made for the purpose of controlling disease, injury, or disability; reporting child, elder, or dependent neglect; reporting domestic violence. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgement, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

iii. **Health Oversight.** We may use and disclose your PHI to a health oversight agency for activities authorized by law such as audits, investigations, licensure, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

iv. **Judicial and Administrative Proceedings.** We may also, and are sometimes required by law, disclose PHI in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

v. **Law enforcement.** We may, and sometimes are required by law, disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant grand jury subpoena, and other law enforcement purposes.

vi. **Coroners.** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

vii. **Public safety.** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen serious and imminent threat to the health or safety of a particular person or the general public.

viii. **Specialized Government Functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

ix. **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent that your care is covered by workers' compensation, we will

make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illnesses to the employer or workers' compensation insurer.

x. **Change of Ownership.** In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another clinician or practice.

xi. **Breach Notification.** In the case of a breach of unsecured PHI, we will notify you as required by law. In some circumstances our business associate may provide the notification. We will provide notification by phone, email, or other methods as appropriate.

xii. **Research.** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

D. When this Practice May Not Use or Disclose Your PHI: Except as described in this Notice of Privacy Practices, this practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

II. Your Rights:

A. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your PHI by a written request for treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. Your health care provider is not required to agree to the restriction that you may request. If the health care provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your health care provider does agree to the requested restriction, we may not use or disclose your PHI in violation of the restriction unless it is needed to provide emergency treatment. We will notify you in the event, we reject any request for restriction.

B. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account

or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

C. <u>Right to Inspect and Copy.</u> You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it, or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we cannot agree and we maintain the record in electronic format, your choice of a readable electronic or hard copy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

D. **<u>Right to Amend or Supplement.</u>** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

E. **<u>Right to an Accounting of Disclosures.</u>** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in a. i. treatment, a. ii. payment, a. iii. (health care operations), b. iv. notification and communication with family and c. viii. specialized government functions of Section I of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law,

or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

F. **Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

III. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. [*peaceofmindcounselingandconsulting.org* ;We will also post the current notice on our website.]

IV. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:
The Tennessee Department of Health Privacy Officer
Email: privacy.health@tn.gov or Privacy Hotline: **(615) 253-5637 or 1-877-280-0054**

OR

US. Department of Health and Human Services, Office for Civil Rights:
OCRMail@hhs.gov or toll-free at: **1-800-368-1019, TDD: 1-800-537-7697**.

The complaint form may be found through their portal at **https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf .** You will not be penalized in any way for filing a complaint.