

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

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

I am required by law to maintain the privacy of your health information. I also am required to provide you with a notice that describes my legal duties and privacy practices and your privacy rights with respect to your health information. I will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about my privacy practices, please contact me at (617) 999-2863.

This Notice is effective March 15th, 2025. I reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed for compliance with the law. I will make the new notice provision effective for all protected health information that I maintain. If I change my privacy practices, I will have them available upon request. The new Notice will also be available on my website.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

The following categories describe different ways that I use and disclose health information. The examples provided are not exhaustive, but are used to illustrate the types of uses or disclosures that may be made.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow Health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations, including disclosure to obtain payment for your healthcare services from an insurance company or third party, disclosure relating to the evaluation of patient care, the performance of providers, business planning, and legal compliance. I may also use or disclose your health information to contact you to remind you that you have an appointment with us or to tell you about

possible alternatives or health-related benefits and services that may be of interest to you. I may also disclose your protected health information to others who

may be involved in your care. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

II. USES AND DISCLOSURES WITHOUT WRITTEN AUTHORIZATION

The following categories describe the ways that I may use and disclose your health information without written authorization.

Required by Law: I may use and disclose your health information when that use or disclosure is required by law. For example, I may disclose medical information to report abuse or to respond to a court order.

To Avert a Serious Threat to Health or Safety: I may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat (law enforcement).

Business Associates: I may disclose health information to my business associates that perform functions on my behalf or provide me with services if the information is necessary for such functions or services. For example, I may use another company to perform billing services on my behalf. All of my business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Public Health: I may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable disease, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to the Food and

Drug Administration (FDA): For example, I may report information to vital statistics.

Victims of Abuse, Neglect or Violence: I may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence related to children or the elderly. In addition I may disclose information to an authorized agency if I believe you have been a victim of abuse, neglect or domestic violence.

Health Oversight Activities: I may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

Data Breach Notification Purposes: I may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Legal Proceedings: I may disclose your health information in a judicial or administrative proceeding, in response to a court order, and in certain cases in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: I may disclose protected health information under certain conditions to law enforcement in response to court orders or other legal process; to identify or locate a suspect, fugitive, missing person or witness; concerning crime victims; about a suspicious death that may have resulted from a crime; about criminal conduct on our premises; and to report a crime in medical emergency.

Specialized Government Functions: Under certain and very limited circumstances, I may disclose health information for military, national security or law enforcement custodial situations.

Inadvertent Use and Disclosure: A use or disclosure of health information may occur as a result of, or as incident to, an otherwise permitted use or disclosure as long as the information being shared is limited to the minimum necessary pursuant to state and federal law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Except as described in this Notice of Privacy Practices, I will not use or disclose your health information without written authorization from you. If you do authorize me to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, I will no longer be able to use or disclose health information about you for the reasons covered by your

written authorization, though I will be unable to take back any disclosures I have already made with your permission.

1. *Psychotherapy Notes.* I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - f. Required by a coroner who is performing duties authorized by law.
 - g. Required to help avert a serious threat to the health and safety of others.
2. *Marketing Purposes.* I will not use or disclose your PHI for marketing purposes.
3. *Sale of PHI.* I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. *Disclosures to family, friends, or others.* I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

V. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

1. *The Right to Request Limits on Uses and Disclosures of Your PHI.* You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. You also have a right to request a limit on the medical information I disclose about you to someone involved in your care or payment for your care, or for notification purposes, such as family member or friend. I am not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing.
2. *The Right to Choose How PHI is sent.* You have the right to request that I communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status through a written letter sent to a private address. I must accommodate reasonable requests. To request confidential communications, you must submit your request in writing.
3. *The Right to See and Get Copies of Your PHI.* You have the right to inspect, copy, and/or obtain an electronic or paper copy of your medical record. This information includes medical and billing records and other records that I use for making decisions about you. This right does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. I will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.
4. *The Right to Get a List of the Disclosures I Have Made.* You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, disclosures to persons involved in your care or for notification purposes, or disclosures for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
5. *The Right to Correct or Update Your PHI.* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I am not required to change your health information if the information was not created by me and the provider who created it is no longer available to make the amendment, or if the information I have is accurate and complete. If your request is denied, I will provide you with information about my denial and how you can disagree with the denial. To request an amendment, you must make your request in writing. You must also provide a reason for your request.
6. *The Right to Get a Paper or Electronic Copy of this Notice.* You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
7. *Complaint.* If you believe your privacy rights have been violated, you may file a complaint with me. I request that you file your complaint in writing so that I may better assist in the investigation of your complaint. You may also file a complaint with the Office of Civil Rights. There will be no retaliation against you in any way for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICES

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 signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

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

