



Evolve Counseling, PLLC

P.O. Box 152

Selmer, TN 38375

(731) 610-8862

Notice of Privacy Practices

Dear Patient:

This is a summary of the ways your medical information may be used and disclosed, and how you can get access to this information.

We will see your medical information as part of rendering patient care. Your medical information may be used for treatment, payment, or health care operations. For example, your medical information may be used by the health care professional treating you, the administrative staff to process your payment for services rendered, and by supervisory personnel reviewing the quality and appropriateness of the care you receive. Your information may also be disclosed pursuant to applicable federal and state law.

The complete Notice of Privacy Practices is attached. We encourage you to read the entire Notice. You are required to acknowledge in writing that you have received a copy of the Notice.

All the best,

Stephanie Brave Eagle, LCSW, CCTP-II, C-DBT



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HIPAA Notice Form

Psychotherapist's Policies and Practices to Protect the Privacy of Your Health Information. Please read fully and sign to confirm receipt and understanding.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Evolve Counseling, PLLC may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
- Treatment is when Evolve Counseling, PLLC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Evolve Counseling, PLLC consults with another health care provider, such as your family physician or another psychologist.
- Payment is when Evolve Counseling, PLLC submits PHI on your behalf (for example a list of dates and diagnostic codes) to your insurance for your reimbursement. Evolve Counseling, PLLC submits this on your behalf to ease the process with your insurance company. This is a courtesy service.
- Health Care Operations are activities that relate to the performance and operation of Evolve Counseling, PLLC practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within Evolve Counseling, PLLC [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.



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- “Disclosure” applies to activities outside of Evolve Counseling, PLLC [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Evolve Counseling, PLLC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Evolve Counseling, PLLC is asked for information for purposes outside of treatment, payment and health care operations, Evolve Counseling, PLLC will obtain an authorization from you before releasing this information. Evolve Counseling, PLLC will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your therapist has made about conversations during a private, group, joint, or family counseling session, which your therapist has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Evolve Counseling, PLLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization Evolve Counseling, PLLC may use or disclose PHI without your consent or authorization in the following circumstances:



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- **Child Abuse:** If, in your therapist's professional capacity, a child comes before us which your therapist has reasonable cause to suspect is an abused or maltreated child, or your therapist has reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before your therapist's in a professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, your therapist must report such abuse or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency.
- **Health Oversight:** If there is an inquiry or complaint about your therapist's professional conduct to the Tennessee State Board for Social Work, your therapist, Evolve Counseling, PLLC must furnish to the Tennessee Board of Social Work, your confidential mental health records relevant to this inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that your

You are confirming that the therapist has provided you and/or the records thereof, such information is privileged under state law, and your therapist must not release this information without your written authorization, or court order. This privilege does not apply when you are being evaluated by a third party or where the evaluation is court-ordered. Your therapist must inform you in advance if this is the case.

- **Serious Threat to Health or Safety:** Evolve Counseling, PLLC may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a worker's compensation claim, and Evolve Counseling, PLLC is treating you for the issues involved with that complaint, then your Evolve Counseling, PLLC must furnish to the chairman of the Worker's Compensation Board records which contain information regarding your psychological condition and treatment.



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**Patient Acknowledgement of Receipt of Notice of Privacy Practices For
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Client's Signature: _____

Date: _____