

# Lil Rhody Counseling

575 East Main Rd, 2nd Floor  
Middletown, RI 02842

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## **NOTICE OF PRIVACY PRACTICES**

This notice describes how Private Health Information (PHI) about you may be used and disclosed and how you can get access to this information.

Please review the information carefully. The privacy of your health information is very important to your provider.

## **OUR LEGAL DUTY**

We are required by applicable federal and state laws to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practice, legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect June 18, 2024 and will remain in effect until we edit or replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make sure the new Notice is available upon request.

You may request a copy of this Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this notice.

## **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to other healthcare provider(s) that are treating you. This information will not be disclosed without your written consent via a Release of Information Consensual Agreement. We must disclose your health information to **you**. We may use or disclose your PHI to provide you with appointment reminders (such as voicemails, text messages, phone calls, and/or letters).

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. We use only the information absolutely necessary to obtain payment from insurance carriers or those responsible parties for payment of our services to you.

**Your Authorization:** In addition to the use of your health information for treatment and payment, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose you choose. If you give us an authorization, you may revoke that authorization in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. Please note, there may be certain emergency situations where your authorization is not legally required such as in the event of serious threat to your safety or potential harm, as required by law, or in the event of legal matters as ordered by a judge.

Uses and disclosures not related to treatment, payment and/or healthcare operations will not be made without your written permission, consent or authorization. We WILL NOT share your PHI to an external Business and/or Associate for marketing communications

**YOUR RIGHTS TO INFORMATION LIL RHODY COUNSELING HAS OR RETAINS ABOUT YOU**

- You have the right to request an opportunity to inspect or copy health information used to make decisions about your care and/or request us to amend health information used to make decisions about your care
- You have the right to an accounting of certain disclosures of your health information
- You have the right to request a restriction on the health information we use or disclose about you for the above listed reasons in this Notice
- You have the right to request that we communicate with you about your health care only in a certain location or through a certain method
- You have a right to obtain a copy of this Notice at any time

**OUR OBLIGATIONS RELATED TO USE AND DISCLOSURE OF PHI**

If you believe that your rights of privacy have been violated you may submit a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, please contact:

Contact Officer: Chelsea LaForce, LMHC  
575 East Main Rd  
Middletown, RI 02842  
Tel: 401-264-0067  
Fax: 401-251-9392

Note: Confidentiality of Substance Abuse Records (drugs and/or alcohol) are protected by federal law and specific regulations.

By signing this form, I acknowledge that I have received the Summary of Privacy Practices at Lil Rhody Counseling. I understand that I may obtain a copy any time by asking my counselor or contacting, by written request, Lil Rhody Counseling.

\_\_\_\_\_  
Client/Parent/Guardian Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Note: If the client or consumer, or his/her parent or legal guardian declines to sign this page acknowledging receipt of the Privacy Practices at Lil Rhody Counseling, staff should document a brief statement describing the staff's attempt to obtain said signatures, and sign and date that statement.