



AUTHENTIC
THERAPY SERVICES LLC

NOTICE OF PRIVACY PRACTICES AGREEMENT (HIPAA AUTHORIZATION)

Authentic Therapy Services, LLC

Effective: January 1, 2022

Last Updated: July 22, 2022

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MENTAL, BEHAVIORAL, SUBSTANCE ABUSE, MEDICAL, AND OTHER HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Authentic Therapy Services, LLC (“ATS”) is a virtual mental health practice with operations in Pennsylvania and Maryland, with a mailing address of 211 Pauline Drive #1074, York, PA 17402. ATS provides outpatient mental health and counseling services via a HIPAA-compliant platform.

PURPOSE

We understand that information about you and your health care is personal, and Authentic Therapy Services is required by law to maintain the privacy of your Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your protected health information for the purposes of treatment, payment, and health care operations, in addition to purposes either permitted or required by law.

We reserve the right to change the terms of this Notice at any time. Revised copies of the Notice will be posted to our website and available upon request, and will be effective for all PHI that we maintain at that time and for information we receive in the future.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following categories describe different ways that we may use and disclose information about you with your consent, which is provided by signing the Notice of Privacy Practice Agreement.

- **Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members within the practice.
- **Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization.
- **Healthcare Operations:** We may use and disclose your health information within the practice in connection with our healthcare operations, including tasks of quality assessment, performance reviews, or contacts with third parties that perform various



business activities provided we have a written contract with the business that requires it to safeguard the privacy of your PHI (ex. Simple Practice).

USES AND DISCLOSURES REQUIRING AUTHORIZATION

We may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations when your appropriate authorization is obtained. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your previous authorization.

USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION

We may use or disclose PHI without your consent or authorization in the following circumstances. These disclosures are permitted by HIPAA and may be required by applicable law and ethical standards.

- **Child Abuse or Neglect:** If we have reasonable cause to suspect a person under the age of 18 has been the victim of child abuse, we are required to submit a report to a state or local agency that is authorized by law to receive reports of child abuse or neglect. We are required to make a report even if we do not see the child in our professional capacity, and even if the identified victim is no longer in danger.
- **Elder or Vulnerable Adult Abuse:** If we have reasonable cause to suspect an older or vulnerable adult is subject to abuse, neglect, exploitation, or abandonment, we are required to submit a report to state or local protective service agencies.
- **Serious Threat to Health or Safety:** If you express a serious threat or intent to kill or seriously harm yourself, a readily identifiable individual, or a group of people, we must take reasonable measures to protect you and/or the public. These disclosures will only be made to authorities or individuals able to help prevent or lessen the threat, and may include directly contacting a potential victim.
- **Judicial or Administrative Proceedings:** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order, or similar process. Your PHI is privileged under state law, and will not be released without consent or a court order.
- **Emergencies:** We may use or disclose your PHI in an emergency treatment situation when use and disclosure is necessary to prevent serious risk of bodily harm or death to you.

CLIENT RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to



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agree to a restriction that would potentially impact your health care. If we agree, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

- Right to Request Confidential Communications: You can 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 email account or to your work address.
- Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI that is contained in our records, with the exception of psychotherapy notes or information compiled in anticipation of, or use in, a civil, criminal, or administrative action or proceeding. A reasonable fee may be charged for administrative costs.
- Right to Amend or Supplement: If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. However, we are not required to agree to the amendment.
- Right to an Accounting of Disclosures: You have the right to request a list of disclosures in which your PHI has been used for purposes other than treatment, payment, health care operations, or as previously authorized by you.
- Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this notice upon request, even if you have previously agreed to receive the notice electronically.
- Right to Notification of Data Breach: You have the right to be notified if there is a breach (use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI or if your PHI has not been encrypted to government standards.

Complaints: If you believe your rights under this Notice have been violated, you may file a complaint with our owner at jenn@authentictherapyservices.com or to the Secretary of Health and Human Services about this Notice of Privacy Practices. You will NEVER receive action taken against you nor retaliation in any form for filing a complaint.

I HAVE READ AND UNDERSTAND THE PRIVACY POLICIES DISCLOSED IN THIS NOTICE.

Client Name (Printed)

Client Signature

Date