



2209 E Market St
York, PA 17402
Phone: (717)759-1024

Notice of Privacy Act

This notice describes how medical slash mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully!

I. My Duties

The privacy and confidentiality of your health information is very important, and I am committed to protecting, consistent with the law and ethical standards. Your health information includes records that I create and obtain to provide care to you. For example, it consists of a record of your symptoms, examination, and test results if applicable, diagnosis, a summary of treatment, and referrals. Bills, insurance claims, and other payment information are included in the record of your health information.

This notice tells you about the different ways I may use and disclose your health information. It also describes your rights and obligations. I am required to;

- Maintain the privacy of your protected health information as required by law; [OB]
- provide you with this notice of My legal duties and privacy practice concerning your health information that I collect and maintain;
- follow the terms of my notice that is currently in effect.

II. Uses and Discloses of Protected Health Information

(Payment, Treatment, and Health Care Operations)

Under federal law, I am permitted to use and disclose personal health information without authorization for treatment, payment, and healthcare operations. However, state law or the ACA's code of ethics may require me to obtain your permission before disclosing certain portions of your record and protected health information. I may also choose to request your release of information in certain circumstances. Treatment: for example, I may discuss certain aspects of your counseling with your psychiatrist to provide the best treatment and medication for you. Likewise, your psychiatrist may discuss specific medication management issues with me so that I can collaborate in treatment. Payment: If your health insurance company for reimbursement needs more information than what is printed on your receipt, I will provide only the minimum amount of information necessary for the insurance company to process the claim. This may include the diagnosis and axle elimination of care provided. The minimum amount of information necessary for the insurance company to process the claim. This may include the diagnosis and explanation of the care provided.

III. Other Uses and Disclosures of Protected Health Information



2209 E Market St
York, PA 17402
Phone: (717)759-1024

Besides use and disclosure for treatment, payment, and healthcare operations, I may use and disclose your personal health information without authorization for the following purposes:

- Abuse, neglect, or domestic violence: I may disclose protected health information about you to a state or federal agency if I am required or permitted by law to report child or vulnerable adult abuse or neglect or domestic violence. When possible, and as consistent with my professional judgment to avoid harm to you or others, I will inform you of the need to make such a disclosure.
- Judicial or administrative proceedings: I may disclose health information about you in the course of a legal or administrative proceeding as required by law. For example, if a court orders me to release information, I must generally comply with the order. In some circumstances, I may be required to turn over information in response to a subpoena. If I receive a subpoena for your records, I will attempt to contact you or your attorney if that is feasible. Your attorney may be able to file a motion which will lead to a court order.

Law Enforcement - If authorized by law, I may release health information to law enforcement officials. For example, I may release information to help identify a suspect or fugitive or report a crime related to a medical emergency.

Health Oversight Activities - I may disclose health information about you or to governmental, licensing, auditing, or healthcare accrediting agencies that were authorized or required by law. For example, information may be released to the state counselor's licensing board if a complaint is filed against me.

Appointment Reminders and Other Health Services: I may contact you to remind you of appointments or to inform you of treatment alternatives or other opinions and services that may be of interest to you.

Prevention of Serious Threat to Public Health or Safety: in accordance with law and ethics I may use and disclose health information about you to prevent or minimize the risk of a serious and imminent threat to your health and safety or the health and safety of another person or the public.

Minors: If you are an unemancipated minor under the law of the state of Pennsylvania, I may, in certain circumstances, disclose health information about you to a parent, guardian, or other authorized person, per law and ethics.

Parents: If you are the parent of an unemancipated minor, I may disclose health information about your child to you in certain circumstances. For example, if I must legally obtain your consent to treat your child when you are acting as your child's quote personal representative quote under law, I may disclose health information about your child to you. In other circumstances, such as when your child is legally authorized to consent to treatment without a separate consent from you, and the child does not request that you act as his slash her quote personal



2209 E Market St
York, PA 17402
Phone: (717)759-1024

representative quote, I might I may not disclose health slash medical health information about your child to you without your child's authorization.

Personal Representative - if you are an adult or emancipated minor, I may disclose health information about you to a quote personal representative end quote authorized to act on your behalf in making healthcare decisions.

Research and Related Activities: I may disclose health information about you for research purposes for my legal or ethical obligations. additionally, federal law allows us to create a limited data set end quote, which does not include information such as your name, address, Social Security number. This limited data set may be shared with those who have signed a contract promising to protect the privacy of the information and to use it only for research, healthcare oversight, and healthcare obligations.

Worker's Compensation / Employee Assistance Program: I may disclose health information about you for worker's compensation on employee assistance program as authorized by law. These programs provide benefits for certain work-related illnesses and injuries or employee-related mental health issues.

Required by Law: I may disclose information about you when required to do so by federal, state, or other applicable law.

Authorize Required for Others Uses or Disclosures: I will obtain your written permission for any other use or disclose of your protected health information. You have the right to revoke any authorization, in writing, and according to the Notice, to the extent that action has not been taken in reliance on the authorization.

Psychotherapy notes are not among that you may, by law, review, copy, unless I believe it is in your best to access with you if you have any questions.

IV. Your Rights Regarding Health Information: You have certain rights regarding health information that I create and maintain about you. These rights include:

- Right to inspect and copy, with certain exceptions (such as psychotherapy notes as described above, information collected for certain legal proceedings and health information restricted by law), You have the right to inspect or receive a copy of your records. if I'm unable to accommodate your request, I will inform you in writing of the reason for your denial and your right, if any, to request a review of the denial. I may charge you a reasonable fee for copying your records.
- Write to request communication by alternative means. if you would like me to communicate with you in a certain way (e.g., By leaving a message on your office phone number) Or at a specific location(e.g. home only), I will make efforts to accommodate such a request for confidential communications as long as they are reasonable. I may request that you give me an alternative means to reach you, especially if



2209 E Market St
York, PA 17402
Phone: (717)759-1024

there is an emergency. If I am unable to contact you using your requested method, I may contact you using any information I have.

- Right to request restrictions. You have the right to request that I restrict or limit specific uses and disclosures of information. You may be asked to submit this request in writing. However, I am not required to agree with your request. I will let you know whether I can honor your request.
- Right to receive a paper copy of this notice. You have the right to request a paper copy of this notice at any time, even if you have agreed to receive it electronically.

To make any requests or exercise any rights set forth above, you must submit your request in writing to:

Deidra Logue
Therapeutic Family Connections
2209 East Market St East York PA 17402

VII. Questions or Complaints

If you believe that your privacy rights have been violated, you may file a written complaint and address it to Deidra Logue (listed in section VI above). If that does not satisfy your concern, you may complain to the Secretary of Health and Human Services (HHS). Instructions for filing a complaint with the appropriate office for your region can be found at <https://www.hhs.gov/ocr/howtofileprivacy.pdf>

Alternatively, you may call 1-800-368-1019 and we request instructions for filing a complaint. There will be no retaliation for filing a complaint.

VIII. Future Changes to this Notice and My Privacy Practices

I reserve the right to amend the terms of my privacy practices and policies in this notice. If this notice is revised, the change terms will apply to all health information about you, including information obtained before the effective date of the revised notice. any materially Revised notice will be distributed to all clients and posted in my office.

IX, Effective Date: January 1, 2026

Clients Rights and Responsibilities

As a client of Therapeutic Family Connections, you have the following rights:

- To be treated with dignity and respect at all times. you will not be subjected to harsh or unusual treatment or be deprived of any civil rights while client in receiving services.



2209 E Market St
York, PA 17402
Phone: (717)759-1024

- To expect that a licensee has met the minimal qualifications of training and experience required by state law.
- To examine public records maintained by the board and to have the board confirm the credentials of a license.
- To obtain a copy of the code of ethics.
- To report complaints to the Pennsylvania State Board of Social Workers, Marriage and Family Therapist and Professional Counselors.
- To be informed of the cost of professional services before receiving those services.
- To be assured of privacy and confidentiality while receiving services as defined by rule and law included the following exceptions;
 - Reporting suspected child abuse;
 - Reporting imminent danger to the client or others;
 - Reporting information regarding in court proceedings or by the client's insurance company, or other relevant agencies;
 - Providing information concerning licensee case consultation or supervision;
 - Defending claims brought by the client against the licensee
- To be free From Bree being the object of discrimination based on race, religion, gender, or other unlawful categories while receiving services.

As a client of Therapeutic family Connections, the following responsibilities are entailed:

- To provide accurate and complete information concerning your present complaints, present back slash past medical \ personal history, and other matters relating to your current condition in life circumstances.
- To make it known to the therapist whether he/she comprehends the course of treatment in what is expected from him/her.
- To read all handouts: Policies and procedures, client notes of privacy practice, client rights and responsibilities, and clients release of information form.
- To keep appointments and notify the therapist at least 24 hours in advance at 717-759-1024 if you are unable to make your appointment.
- To adhere to treatment recommendations while entering therapy is voluntary. During your care, your therapist will make recommendations that are specific to your presenting problem and circumstance. While there are benefits to following these recommendations, choosing not to adhere to them could result in consequences. Those consequences will be discussed in greater detail during the session.
- To pay all fees occurred for treatment services at the time of service.



2209 E Market St
York, PA 17402
Phone: (717)759-1024

As a client of Therapeutic Family Connections, I agree that I have been given the privacy notice required by the health insurance portability and Accountability Act of 1996 (HIPPA) that prescribes legal duties and privacy practices to protect the privacy of my individually identifiable health information, Therapeutic Family Connections.

Individual (If 14 years of older) Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Clinician Signature _____ Date _____