



Notice of Privacy Policies & HIPAA Compliance

(Updated: 3/1/2023)

This notice describes how your medical information may be used and disclosed, as well as how you can get access to this information. Please review this notice carefully.

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 (PHI). Heather A. Jackson, LIMHP, LPC understands your health care is personal and is committed to protecting health information about you. A record of the care and services you receive is created to comply with certain legal requirements, and this notice describes how your PHI may be used or disclosed in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. Heather A. Jackson, LIMHP, LPC reserves the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI maintained at that time. Clients will be notified of the publication of a revised Notice of Privacy Practices, which will be posted on the patient portal, viewed in-office, and/or provided a copy upon request.

How Heather A. Jackson, LIMHP, LPC may use and disclose health care information about you:

For Care or 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 treatment and related services. This includes consultation with doctoral-level clinicians who follow these same privacy practices.

For Payment: Your PHI may be used and disclosed to your insurance company or health plan to receive payment for services provided. This includes processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

For Business Operations: Your PHI may be used and disclosed to facilitate the efficient and correct operation of this practice. This includes the attorneys, accountants, consultants, licensing bodies, and others to make sure Heather A. Jackson, LIMHP, LPC is in compliance with applicable laws and licensing requirements.

Verbal Permission: Heather A. Jackson, LIMHP, LPC may disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

Without Authorization: Applicable law and ethical standards permit Heather A. Jackson, LIMHP, LPC to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization include:

- Mandatory reporting of child/elder abuse or neglect
- Mandatory government agency audits or investigations
- In response to a subpoena, discovery request, or required by court order
- If believed necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public
- To the extent that the use or disclosure is required by law.

Your rights regarding your PHI:

Right to Inspect and Copy: You have the right to inspect and copy your medical information. This includes medical and billing records but does not include psychotherapy notes or information compiled in reasonable anticipation or, or for use in a civil, criminal, or administrative action or proceeding. To inspect and copy your medical information, you must submit a written request to Heather A. Jackson, LIMHP, LPC. Your request may be denied under certain circumstances. On your request, the details of the request and denial process can be further discussed.

Right to Amend: If you feel that medical information about you is incorrect or incomplete, you may ask for it to be amended. An amendment request must be made in writing and provide a reason which supports your request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the information disclosed about your protected PHI. Heather A. Jackson, LIMHP, LPC is not required to agree to your restriction request, however.

Right to Choose How PHI is Sent to You: You have the right to request you be contacted in a specific manner (e.g., utilize a certain phone number, send mail to a different address, etc.). All reasonable requests will be approved.

Right to an Accounting of Disclosures: You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, business operations, or for which you provided us with an authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request.

Right to a Copy of this Notice: You have the right to get a paper and/or email copy of this Notice at any time.