

*Hi I am Tizita Seifu, a Board licensed Therapist in private practice, with over 10 years' experience. I provide adult and child therapy online throughout Texas, Virginia and Georgia and specialize in mental wellness, anxiety, depression, career and workplace, Christian faith and spiritual health, culture and race, and parent-child relationships.*

Privacy Practices of Patient Health Information

Counseling Practice: World of Wellness, PLLC (The Journey Inspired)

Counselor: Tizita Seifu MA, LPCS, LPC, RPT

Contact: [info@thejourneyinspired.com](mailto:info@thejourneyinspired.com) | 214-233-6343

Effective Date: September 7, 2020

As a Licensed Professional Counselor in private practice, I provide adult and child therapy online throughout Texas, Virginia and Georgia and specialize in mental wellness, anxiety, depression, career and workplace, Christian faith and spiritual health, culture and race, and parent-child relationships. I place high value and commitment toward developing plans and systems to protect the privacy and confidentiality of my counseling clients and their protected health information. As a Licensed Professional Counselor in private practice, it is my commitment and duty to protect your health information privacy through my online platform.

To ensure a confidential and secure environment for all counseling appointments, I exclusively use a HIPAA-compliant video platform for virtual therapy sessions. This platform adheres to the privacy regulations outlined in the Health Insurance Portability and Accountability Act (HIPAA), guaranteeing that your personal and sensitive client information remains protected at all times. All clinical records related to your counseling sessions are securely stored within this platform. This means that only authorized personnel necessary for provision of services, such as myself and administrative staff,

will have access to these records, ensuring your confidentiality, and in support of our commitment to safeguard your privacy.

The HIPAA Privacy Practices Notice allows providers to use and disclose protected health information for purposes of professional counseling related services. Your permission in writing is necessary before your health records are shared for any other reason.

*Find more specific details about our therapy privacy practices here:*

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Make available to you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.

### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: I will always strive to be as discreet as possible when sharing information. Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. I may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  1. For my use in treating you.
  2. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  3. For my use in defending myself in legal proceedings instituted by you.
  4. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
  5. Required by law and the use or disclosure is limited to the requirements of such law.
  6. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.

7. Required by a coroner who is performing duties authorized by law.
8. Required to help avert a serious threat to the health and safety of others.
2. I will not sell your PHI-patient health information.

#### IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons. I have to meet certain legal conditions before I can share your information for these purposes:

1. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so, if I am so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For confidential research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized and necessary government functions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell me that I may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in

a disaster relief situation; written consent will be needed in this circumstance. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care. Requesting limits may result in a patient’s inability to meet the requirements of their insurance plan to receive coverage for services and may result in fee for services becoming the full responsibility of the patient at the private pay rates indicated on the Fee Form and on the website.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. Ask us how to do this. I will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. I may charge a reasonable cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last year unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications and Fundraising from our Organization.
11. For questions or concerns, email [info@thejourneyinspired.com](mailto:info@thejourneyinspired.com)
12. You are also welcome to share your concerns here: The U.S. Department of Health & Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201

## VII. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office and on my website.