



Gettysburg  
Counseling, LLC  
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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Privacy Notice, please talk to your therapist.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and give out “disclose” your health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases.

**Treatment** We may use and disclose health information about you for the purpose of coordinating your health care. For example, we may need to disclose information to your primary care doctor in order to coordinate your care.

**Payment** We may use and disclose health information about you so that the services you receive can be properly billed and paid. For example, we may disclose your health information to permit your health plan to take certain actions before it approves/pays for your services.

**Operations** We may use and disclose health information about you as necessary, so that we can operate the health plan and provide quality care to you. For example, we may use and disclose health information about you to review the quality of services you receive.

**Other Uses and Disclosures** As part of treatment, payment and health care operations, we may use or disclose health information about you so that we can send you health care service reminders and/or newsletters.

**Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons. These reasons include the following:**

- **In the Event of a Serious Threat to Health or Safety** We may disclose health information about you if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious imminent threat to your health or safety, or to the health or safety of the public.
- **When Required by Law** We may disclose health information about you when required by law.
- **To Report the Abuse or Neglect of a Child** We may notify government authorities if we suspect that a child, either in treatment or not, is a victim of abuse or neglect.
- **In Connection with Judicial and Administrative Proceedings** We may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization.

**Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time, except to the extent that we have taken action in reliance upon the authorization.**

**Your Right to Inspect and Copy** You may request the right to inspect and get copies of your health information. To inspect and copy your health information, you must submit a written request to your provider. We can deny requests for certain limited reasons and document, including treatment notes, but we must give you a written reason for denial. We will charge a fee for copying your records.

**Your Right to Request a Restriction on Uses and Disclosures of Your Protected Health Information** You may request that we no use or disclose certain parts of your health information for the purposes of treatment, payment or health care operations. We are not required to agree to a restriction. You may request a restriction by contacting your therapist.

**Your Right to Request Confidential Communications** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests only if you notify us that disclosure of the health information could put you in danger. Requests must be made in writing to your therapist. This request must also contain a statement that disclosure of the information could endanger you.

**Your Right to Amend** If you feel that the information we have about you is incorrect or incomplete, you may request that we amend your information. If we deny your request, we must give you a written reason for our denial. Requests must be made in writing. In this written request, you must also provide a reason to support the requested amendment.

**Your Right to a List of Disclosures** You have the right to request a listing of certain disclosures of your health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as describe in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form and certain other disclosures that we are permitted to make without your authorization. The request of a listing must be made in writing. We are not required to provide a listing of disclosures that took place prior to April 14, 2003. We will provide the first listing that you request during any 12-month period without charge. Subsequent requests will be subject to a reasonable cost-based fee.

**Your Right to a Copy of this Notice** You have the right to receive an additional copy of this Notice at any time. Even if you have already received a copy of the Notice, or have agreed to accept this notice electronically, you are still entitled to a paper copy of this Notice. Please call or write your therapist to request a copy.

**How to Use Your Rights Under this Notice** For any of the above requests that must be made in writing, we will help you prepare the written request if you need assistance. For assistance with a written request, and for oral requests, please call or write your therapist – address on first page.

**Our Duties:** We are required by law to maintain the privacy of health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. If we make any major changes to our Notice, you will receive a copy of our Notice within 60 days of the major changes.

**Complaints** If you believe your privacy rights have been violated, you have the right to complain to us. You may complain to us by contacting your therapist verbally, or in writing. We encourage you to express any concerns you may have regarding the privacy of your information to us. You will not be retaliated against in any way for filing a complaint. You also have the right to complain to the Secretary of the Department of Health and Human Services, whose contact information is listed below.

- You can file a complaint with the Department of Health and Mental Hygiene, Resident Grievance System Central Office at 1-800-RGS-7454.
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may call the Department of Health and Mental Hygiene for the contact information.

These policies are effective September 1, 2014.

**By signing below, I attest I have received a copy of this Privacy Notice.**

\_\_\_\_\_  
Signature of adult patient or guardian/parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of adult patient or guardian/parent

\_\_\_\_\_  
Rebecca Uppercue, LCSW

\_\_\_\_\_  
Date

