

NOTICE OF PRIVACY PRACTICES

Progression Counseling Group and PCG Clinic are committed to protecting your privacy. We are required by Federal laws, including the Health Insurance Portability and Accountability Act (“HIPAA”) and 42 CFR Part 2 (“Part 2”), to maintain the privacy of Protected Health Information (“PHI”), which is information that identified or could be used to identify you. We are required to provide you with this Notice of Privacy Practices (this “Notice”), which explains our legal duties and privacy practices, as well as your rights regarding your PHI that we collect and maintain.

In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship; therefore, we will do all we can to protect the privacy of your mental health records. If you have questions regarding matters discussed in this Notice, please do not hesitate to ask.

This Notice describes how your health information may be used and disclosed and how you can get access to this information. Please review this Notice carefully.

Your Rights: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- Inspect and copy your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit health information we use or share
- If you pay for a service or health care item as a self-pay patient, then you can ask us not to share PHI with your health insurer
- You can ask us not to share PHI with certain people by stating the specific restriction requested and to whom you want the restriction to apply
- Get a list (an “accounting”) of those with whom we’ve shared your health information
- Get a copy of this privacy Notice
- Choose someone to act for you
- Keep your presence at Progression Counseling Group confidential (except as required by law)

- File a complaint with us or with the U. S. Department of Health and Human Services if you feel your rights are violated
- Revoke your authorization for the use and/or disclosure of your PHI, except to the extent that action has already been taken in reliance on your earlier authorization
- Your Choices: In certain situations, you can tell us your choice about the health information we share.
- You can decide if you want us to share health information with your family, close friends, or others involved in your care.

We never share your information for marketing purposes unless you give us written permission. We will never sell your information. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures: How do we typically use or share your health information? We typically use or share your health information in the following ways.

- Treat you-We can use your health information and share it with other professionals who are treating you.
- Run our Practice-We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services-We can use and share your health information to bill and get payment from health plans or other entities.
- We do not need your authorization to use or share your mental health information for these purposes. However, we do need your authorization to use or share your health and treatment information if you are seeking care for a substance use disorder (SUD).

How else can we use or share your health information? If you are receiving mental health services, then we are allowed or required to share your information in ways that are expressly permitted by HIPAA:

- Help with public health and safety issues
- Do research
- Comply with the law, including:

- To report suspected or known child abuse or neglect, including sexual abuse
- To report suspected or known abuse of a domestic spouse, elder, or person with a development or cognitive disability
- To report a serious threat to the health or safety of you or others (i.e., comply with “duty to warn” laws)
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- If you are receiving SUD treatment, then we are allowed or required to share your information in ways that are expressly permitted by Part 2:
- Communication with a Qualified Service Organization
- Medical emergencies
- To report a crime against staff or on our premises (or threats to commit a crime)
- For research
- For audit and evaluations
- To report suspected or known child abuse or neglect, including sexual abuse
- To comply with a valid court order

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We may not acknowledge your presence at Progression Counseling Group, unless we receive your written consent or if there is a court order.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, then you may change your mind at any time. Let us know in writing if you change your mind.

Special Protections for Behavioral Health Information:

HIPAA and Part 2 allow behavioral health practitioners to keep “psychotherapy notes” and “SUD counseling notes” separate from the rest of your medical record. Psychotherapy notes are a behavioral health provider’s notes that document and analyze the contents of a conversation during a private, group, or family counseling session.

We will never share substance use disorder treatment records without your written permission, unless required by law.

Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2:

If applicable, your substance use disorder (“SUD”) records are protected by federal law under 42 C.F.R. Part 2 (“Part 2”). This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as: (a) Medical Emergencies: to the extent necessary to treat you, (b) Reporting Crimes on Program Premises, (c) Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and (d) Fundraising: We will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications.

You may revoke this consent at any time.

Prohibitions on Use and Disclosure of Part 2 Records:

SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed.

If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

More information about regulations regarding the use and disclosure of medical records can be found at the [Center of Excellence for Protected Health Information](#) website.

Changes to the Terms of this Notice:

This Notice describes how Progression Counseling Group may use and disclose your protected health information. We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

Contact Information:

If you have any questions about this Notice, or have a complaint, then please contact us.

Hillary Schultz, CEO

3681 Green Rd., STE 404

Beachwood, OH 44122

hillary@progressioncg.com

(216) 342-5484 ext. 21

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt of the Notice of Privacy Practices (NPP)

I hereby acknowledge that I have received a copy of Progression Counseling Group's Notice of Privacy Practices. I understand that the Notice of Privacy Practices sets forth my rights relating to the use and disclosure of my protected health information and explains how Progression Counseling Group may use and/or disclose my protected health information.