



# CARAMENICO

COUNSELING GROUP, LLC

**Owner/President:** Jennifer Erb Caramenico, MA, LPC (PC004773)  
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Caramenico Counseling Group, LLC (CCG) is group practice of individual clinicians who provide mental health/behavioral health services to clients who are seeking intervention and support to address their emotional needs and wellness. Each clinician is an independent practitioner practicing within his/her scope of expertise and training within the group. All clinicians affiliated with CCG are required to adhere to the privacy practices as indicated in this Notice.

## HIPAA Notice of Privacy Practices

Effective Date: May 1, 2015 – REVISED 04/01/2018

This Notice is available on our website: [www.caramenicocounseling.com](http://www.caramenicocounseling.com) under FORMS. If you require an additional paper copy of this request one may be provided to you by you treating therapist.

*Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have any questions about how your Protected Health Information (PHI) is used, please contact Jennifer Erb Caramenico, MA, LPC at 267-629-5274.*

## NOTICE OF PRIVACY PRACTICES

**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.**

Caramenico Counseling Group, LLC (“CCG”) is required by law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). (“CCG”) and all independent practitioners (“Clinician”) providing mental health services within the practice must abide by the terms of this (“Notice”), and (“CCG”) must notify you if a breach of your (“PHI”) occurs.

(“CCG”) reserves the right to change the terms of this (“Notice”), and such changes will apply to all information within your (“PHI”). The most recent version of this (“Notice”) will appear on (“CCG”) website within one business week of any changes. You may request a paper copy from your treating clinician.

Except for the specific purposes set forth below, (“CCG”) and/or your (“Clinician”) will use and disclose your PHI only with your written authorization (“Authorization”). You reserve the right to revoke such (“Authorization”) at any time. In order to revoke an (“Authorization”), please send a written request to Jennifer Erb Caramenico, MA, LPC at the office address indicated at the beginning of this (“Notice”).

**Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations DO NOT require your written (“Authorization”).**

Please refer to (“CCG”) Office Policies and Confidentiality Policies documents. These documents may be obtained on (“CCG”) website or you may request your original signed copy obtained at the commencement of your care. (“CCG”) and/or your (“Clinician”) can use and disclose your (“PHI”) without your (“Authorization”) for the following reasons:

1. **For your treatment.** (“CCG”) and/or your (“Clinician”) can use and disclose your (“PHI”) to in order to provide treatment to you, which may include disclosing your (“PHI”) to another health care professional.



For example, if you are being treated by a physician or a psychiatrist, we can disclose your (“PHI”) to him/her to help coordinate your care, although it is (“CCG”) preference is for you to give (“Authorization”) to do so.

2. **To obtain payment for your treatment.** (“CCG”) can use and disclose your (“PHI”) to bill and collect payment for the treatment and services provided by the (“Clinician”) to you. For example, If you choose to use your insurance benefits for mental health services, we can send your (“PHI”) to your insurance company in order to obtain payment for the health care services that have been provided to you.
3. **For health care operations.** (“CCG”) and/or you (“Clinician”) can use and disclose your (“PHI”) for purposes of conducting operations pertaining to (“CCG”) and your (“Clinician”) practice, including contacting you when necessary. For example, (“CCG”) and/or may need to disclose your (“PHI”) to (“CCG”) and/or (“Clinician”) attorney to obtain advice about complying with applicable laws.

### **Certain Uses and Disclosures Require Your Authorization.**

1. **Psychotherapy Notes.** HIPAA defines Psychotherapy Notes as follows: *“Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record.”* Psychotherapy notes are treated differently from other protected health information because they contain the (“Clinician”) personal notes and often include sensitive information of the type that is not normally needed for the patient’s “treatment, payment, or health care operations” as defined by HIPAA.

(“Clinician”) providing care at (“CCG”) is not required to keep psychotherapy notes. If your (“Clinician”) keeps psychotherapy notes they are not stored with your (“PHI”) nor does (“CCG”) have access to such notes.

(“CCG”) and the (“Clinician”) are required to document your treatment and keep a record of this documentation. The treatment record will include:

- Any summary of the following items: diagnosis, functional status, treatment plan with goals, symptoms, prognosis, treatment progress to date, discharge summary
- Medication management information provided by you
- Counseling session start and stop times
- Modalities and frequencies of treatment furnished
- Results of clinical tests, assessments, or inventories

(“CCG”) keeps a record of you (“PHI”) and treatment records in its office; your (“Clinician”) is responsible for the creation, update, maintenance of your record. All records are maintained in a secure location with restricted access. You may request a copy of your treatment records at any time or you may request a brief summary of your treatment to date. There will be a cost-based fee assigned for copying records and/or providing a summary. I prepare a summary of your treatment. There may be reasonable, cost-based fees involved

2. **Marketing Purposes.** (“CCG”) and your (“Clinician”) will not use or disclose your PHI for marketing purposes. Marketing is defined as: financial remuneration for communicating about other businesses’ health-related services or products to patients.
3. **Sale of PHI.** (“CCG”) and your (“Clinician”) will not sell your PHI in the regular course of business.



**Certain Uses and Disclosures Do Not Require Your Authorization. (Subject to certain limitations)**

As mandated by law, (“CCG”) and your (“Clinician”) can use and disclose your PHI without your Authorization for the following reasons:

1. 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.
2. 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.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For 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.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although the preference is an (“Authorization”) from you, (“CCG”) and your (“Clinician”) may provide your (“PHI”) in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. (“CCG”) and/or your (“Clinician”) may use and disclose your (“PHI”) to contact you to remind you that you have an appointment. (“CCG”) and/or your (“Clinician”) may also use and disclose your (“PHI”) to tell you about treatment alternatives, or other health care services or benefits that (“CCG”) may offer.

**Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

1. **Disclosures to family, friends, or others.** (“CCG”) and/or your (“Clinician”) may provide your (“PHI”) to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**Your Rights Regarding your (“PHI”)**

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 (“CCG”) and/or your (“Clinician”) not to use or disclose certain PHI for treatment, payment, or health care operations purposes. (“CCG”) and/or your (“Clinician”) am not required to agree to your request, and (“CCG”) and/or your (“Clinician”) may say “no” if it is believed such a request would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures 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 (“CCG”) and your (“Clinician”) Send (“PHI”) to You.** You have the right to ask (“CCG”) and your (“Clinician”) to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and (“CCG”) and your (“Clinician”) will agree to all reasonable requests. Please note: Information specific is clinical matters – treatment, diagnosis, behavior/school functioning, etc. will not be shared via email per (“CCG”) Office Policies and Use of Electronic Communication and Technology Policy.



4. **The Right to See and Get Copies of Your (“PHI”).** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that (“CCG”) have about you. (“CCG”) will provide you with a copy of your record, or a summary of it prepared by your (“Clinician”), if you agree to receive a summary, within 30 days of receiving your written request, and (“CCG”) will charge a cost based-fee for doing so.
5. **The Right to Get a List of the Disclosures Made by (“CCG”) and/or your (“Clinician”).** You have the right to request a list of instances in which (“CCG”) and/or your (“Clinician”) disclosed your (“PHI”) for purposes other than treatment, payment, or health care operations, or for which you provided an (“Authorization”). (“CCG”) will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter time. This list will be provided to you at no charge.
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 (“CCG”) and/or your (“Clinician”) correct the existing information or add the missing information. The (“CCG”) and/or your (“Clinician”) may say “no” to your request, a written explanation will be provided to you within 60 days of receiving your request. 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 get a paper copy of this (“Notice”), and you have the right to get a copy of this (“Notice”) by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

#### **How to file a complaint about Privacy Practices**

If you think (“CCG”) and/or your (“Clinician”) may have violated your privacy rights, you may file a complaint with Jennifer Erb Caramenico, MA, LPC, as the Privacy Officer for (“CCG”). The address and telephone number are at the beginning of this document. Mrs. Caramenico may contact you per your request to discuss your complaint.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

(“CCG”) and/your (“Clinician”) will not retaliate against you if you file a complaint about an issue pertaining to privacy practices.

#### **EFFECTIVE DATE OF THIS NOTICE**

May 5, 2015 – REVISED 4/1/18