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## STATEMENT OF CONFIDENTIALITY AND PRIVACY

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### My Pledge Regarding Health Information

As a Licensed Professional Counselor, it is my duty to abide by HIPAA, Oklahoma State Board of Behavioral Health Licensed Professional Counselors Act, and the American Counseling Act. This includes protecting information and confidentiality of all active and previous clients. 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:

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

### 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:
  - a. For my use in treating you.
  - b. For my use in training or supervising mental health practitioners to help them improve their skills in counseling.
  - c. For my use in defending myself in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. I will not use or disclose your PHI for marketing purposes. If you choose to leave a public, online review for Taylor Haag, LPC you are choosing to do so on your own volition, but I will not confirm nor deny your client status.
3. Sale of PHI. As a Licensed Professional Counselor, I will not sell your PHI in the regular course of my business.

### Exceptions to Confidentiality 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, if at all possible I will notify you in advance of any required disclosures:

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. Abuse or suspected abuse of a child, elder, or other vulnerable/dependent person will be reported to Child Protective Services or Adult Protective Services. I am also required to report to Child Protective Services if a client younger than 18 years of age discloses having sexual relations with someone more than five years older or with any adult who is a teacher or coach.
3. Duty to Warn: I have a duty to warn an individual and report to law enforcement if a client threatens grave bodily harm/death to another person.
4. Imminent Suicidal Intent: Self harm and suicidal ideation come up in treatment at times, and counseling is a safe place to work on understanding and reducing these symptoms and behaviors. I am *not* mandated to report self harm, passive suicidal ideation or thoughts of death without an active plan, though we will collaborate in creating a plan to best ensure your safety and reduce harm. I am, however, mandated to report if I feel you are in *imminent danger* of killing yourself, meaning you endorse having a plan in place and current, immediate intent to kill yourself.
5. For health oversight activities, including audits and investigations.
6. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain a Release of Information from you before doing so.

7. 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 your child 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.
8. For law enforcement purposes, including reporting crimes occurring on my premises.
9. To coroners or medical examiners, when such individuals are performing duties authorized by law.
10. To your listed emergency contact in event of an emergency in-session or if I am unable to confirm your safety in the event you do not show up for a scheduled appointment and do not respond to my attempts at contact within 48-hours of missed appointment.
11. Clients Under 18 Years of Age: I request that parents respect the confidentiality and privacy of their child as much as possible. If parents request information, I will make every effort to discuss this and receive permission from the underage client beforehand. I am required to report to parents, with or without permission from the underage client, if I have reason to believe the safety of the client is at risk. If you are younger than 18 years of age and disclose having sex with someone more than five years older than you, or with any adult who is a teacher or coach, I must report to Child Protective Services in addition to parents.

**Disclosures You Have the Right to Request and/or Object**

1. Disclosures to family, friends, or others. I 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, upon a signed Release of Information. The opportunity to consent may be obtained retroactively in emergency situations.
2. Disclosures to professionals with involvement in your care may be made with your request and signed Release of Information.

**Your 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, and this will be considered.
2. 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.
3. 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 I have about you. I will provide you with a copy of your record within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
4. 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.
5. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to a paper and/or email copy of this Notice.

**PHI Management in the Event of Therapist Unexpected Absence**

In the event that I am unexpectedly unable to be reached or provide services due to illness, death, or any other unplanned reason, I maintain a detailed Professional Will with instructions for a Professional Executor (a local licensed mental health professional) to inform you of my status and ensure your continued care. By signing this document, you authorize the Executor to access your treatment and financial records only in accordance with the terms of my Professional Will.

**Record Keeping After Discharge/Termination**

Records are kept the duration of time required by laws and regulations (five years beyond the date of last session) and clients maintain the right to request records during this period, which will be provided within 30 days of request and may be subject to a reasonable, cost based fee. After this duration, records may be destroyed in accordance with laws and regulations.

**Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your PHI. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

**BY ELECTRONICALLY OR PHYSICALLY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

**Client Name (print):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_