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Website: www.artcounselingct.com

## NOTICE OF PRIVACY PRACTICES

Art Therapy & Creative Counseling provides this Notice of Privacy Practices on the first day of treatment to every Client with whom it has a direct treatment relationship. The goal of this notice is to let Clients know the manner in which this practice maintains the privacy of Protected Health Information (PHI). ***Please read all sections below and retain a copy for your records. Art Therapy & Creative Counseling reserves the right to change the terms of this notice at any time. Clients will be informed any time changes are made.***

### ***Uses and Disclosures for Treatment, Payment, and Healthcare Operations***

Clinicians at Art Therapy & Creative Counseling may use your Protected Health Information for the following purposes:

- **Treatment** refers to when a Clinician provides, coordinates, or manages your healthcare services. Examples may include: consultation with another mental health professional, family physician, family member, or healthcare provider.
- **Payment** refers to when a Clinician obtains reimbursement for your healthcare or takes a payment using a credit card. Examples may include: credit card information or disclosure of PHI to your health insurance company for reimbursement or determination of coverage. *Please note that a credit card will be kept on file for client convenience to pay for such fees as co-pays, co-insurance, deductibles, late cancellations or missed appointments, returned checks, or past due account balances.*
- **Healthcare Operations** refer to activities that relate to the performance and operation of the practice. Examples may include: quality assessment and improvement activities, audits and administrative services, case management, and care coordination.

### ***Uses and Disclosures without Authorization***

- **Child Abuse:** If a Clinician has reason to believe a child known to him/her in a professional capacity may be an abused or neglected child, that Clinician is required by law to submit a report to the appropriate authorities.
- **Adult and Domestic Abuse:** If a Clinician has reason to believe that an individual protected by state law has been abused, neglected, or financially exploited, he/she must report this belief to the appropriate authorities.
- **Health Oversight Activities:** A Clinician may disclose Client PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings:** If a Client is involved in a court proceeding and a request is made for information by any party about that Client's evaluation, diagnosis and treatment, or their records, such information is privileged under state law and the Clinician must not release any such information without a court order. The information can be released directly to the Client upon request.
- **Serious Threat to Health or Safety:** If a Client communicates to a Clinician a specific threat of imminent harm against another individual or if the Clinician has reason to believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, the Clinician may make disclosures necessary to protect that individual from harm. If the Clinician believes that a Client presents an imminent risk of physical injury or death to themselves, the Clinician may make disclosures to protect said Client from harm.
- **Worker's Compensation:** A Clinician may disclose PHI regarding a Client as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work related injuries or illness.