JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY.

This information is available in Spanish. Please ask a staff member if you need a copy in either of these languages. Esta información esta disponible en español. Si usted necesita una copia en español, por favor pregunte a miembro del personnel.

When we refer to "you" or "your" in this Notice we refer to the person or persons receiving the services provided by *Blue Stone Counseling located at 10218 N. Port Washington Rd. Suite 1-H Mequon, Wisconsin 53092.* When we refer to disclosures of information to "you", we mean disclosures to adults or children, the parent of the children, guardian or other person legally authorized to receive information about the person or persons receiving services from *Blue Stone Counseling LLC*.

Who follows this Notice:
This Notice applies to all **protected health information** (**PHI**) maintained by Blue Stone Counseling LLC and Susan K. Miller for services provided at any office or services provided at non-office locations. If you have any questions after reading this Notice, please contact Susan K. Miller as the Privacy Officer.

Each time you receive services from *Blue Stone Counseling*, a record of the services provided is created. Typically this record could contain information about the type of service you have received, the dates of service and the results of the service provided. At times this will include the reason you have come to *Blue Stone Counseling* for service and the agreed upon goals of the service provided.

This Notice applies to all of the records containing PHI created as a result of services provided by *Blue Stone Counseling.*

Our Pledge to Protect Your Health Information: We are required by law to maintain the privacy of your PHI and provide you with a description of our privacy practices. We will abide by the terms of this Notice.

How We May Use and Share Your Health Information With Others

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related

services. This includes consultation with clinical supervisors or other treatment team members. For example, a worker or therapist may use PHI about you or your child from a clinic record to determine which treatment option, such as family or individual therapy, best addresses your needs. Your worker or therapist may discuss information found in your record with our consultants, a colleague or their supervisor to assist in treatment planning for you or your child.

For Payment: We may use and disclose PHI to send bills and collect payment from you for the treatment or other related services you receive from *Blue Stone Counseling*, so *Blue Stone Counseling* can receive payment for the treatment services provided to you.

Appointments: We may use your PHI for the purpose of sending to you appointment reminders through the email or by text on a cellular telephone. Messages left for you will not contain specific health information.

Required or Permitted by Law: *Blue Stone Counseling* is required by law to disclose your PHI in certain circumstances:

- For public health oversight activities
- To facilitate the functions of federal or state governmental agencies
- To report suspected elder or child abuse to law enforcement agencies responsible to investigate or prosecute abuse
- In response to a valid court order
- To the Department of Health and Family Services, a protection or advocacy agency, or law enforcement authorities investigating abuse, neglect, physical injury, death or violent crimes
- To your court-appointed guardian or an agent appointed by you under a health care power of attorney
- Prison officials if you are in custody
- Worker's Compensation officials if your condition is work-related
- If necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

When sharing PHI with others outside of *Blue Stone Counseling*, we share only what is reasonably necessary unless we are sharing PHI to help treat you and only in response to your written permission, or as the law requires. In these cases, we share all the PHI that you or the law requires.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your PHI we maintain. To exercise any of the rights discussed in the remainder of this section, please contact Susie Miller at Blue Stone Counseling.

Right to Request Restrictions: You have the right to request certain restrictions of use and disclosure of your PHI by *Blue Stone Counseling* for treatment, payment or health care

operations. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care or the payment for your care. *Blue Stone Counseling* is not required to agree to restrict the use and disclosure of your PHI. A request for restriction must be made in writing using the form available from the Privacy Officer.

Right to Inspect and Copy: With a few exceptions you have the right to inspect and receive a copy of your PHI. Should you wish to review or copy your PHI you should make a request using the form available from your provider. We will arrange for your therapist to review the PHI with you in our office or to copy the information requested. We may charge you a reasonable fee if you want a copy of your PHI.

Right to Amend or Correct Your Record: If you feel the PHI we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is maintained by *Blue Stone Counseling*. Requests for amendment or correction should be made by submitting a form requesting amendment or correction available from the provider. We will respond to your request within 60 days after you submit the form. We are not required to agree to the amendment.

Right to an Accounting of Disclosures: You have a right to request an accounting for disclosures. This is a list of those people with whom Blue Stone Counseling may have shared your PHI, with the exception of information shared for purposes of treatment, payment or health care operations or when you have provided us with an authorization to do so. Requests for an accounting of disclosures should be made by submitting a form requesting an accounting of disclosures to the provider.

Right to Request Confidential Communications: You have the right to ask that we communicate your PHI to you in a certain way or a certain location. For example, you can request that we contact you only at work or by mail. Please see the notice below for secure forms of communication with your provider. I will accommodate reasonable requests.

Right to Revoke Authorization: Uses and disclosures of PHI not covered by this Notice or the laws that apply to Blue Stone Counseling will be made only with your authorization. If you authorize *Blue Stone Counseling* to use or disclose your PHI, you may revoke that authorization in writing at any time. We are unable to reverse any disclosures we have made previously with your authorization. To revoke an authorization please contact your therapist or the clinic where you receive services.

Right to Complain: If you believe your privacy rights have been violated, you may file a complaint with the American Counseling Association Ethics Committee which oversees its member's conduct at Ethics Committee, ACA Headquarters, 5999 Stevenson Ave., Alexandria, VA 22304. Please mark communication as "CONFIDENTIAL" or speak directly to or with the Secretary of the Department of Health and Human Services for the State of Wisconsin as directed below. *You are also welcome and encouraged to share complaints directly with Susie*

Miller at Blue Stone Counseling. All complaints must be made in writing. Filing a complaint will not affect your care.

Social Media and Communications Policy

Social Media Accounts

It is not considered ethical to friend clients or communicate on Facebook, Twitter, Instagram or Snap Chat or any social media platform. Please do not be offended if I do not interact with you in this way.

Communication

In an effort to make my avenues of communication more secure I want to share ways that you can privately and efficiently get a hold of me outside of our session.

SMS/Texting: My office telephone and texting feature is provided by **iPlum**. This platform is HIPAA Compliant. I will share session summaries or ask that when you text or message that you use this platform or the TherapyNotes portal.

Email: My email for the practice has changed to **skmiller763@gmail.com. Please make a note that it is no longer the one on my business card.** This is not a HIPAA Compliant email and therefore it should not to be used for protected health information. If you do choose to communicate via this method, please be advised that by signing below you acknowledge that you are aware that it is not HIPAA compliant and you choose to use it anyway.

In order to maintain good, healthy boundaries with clients I will not respond on weekends or days off unless there is a need that requires a timely response. These situations that require timely response include: information about submitted paperwork that is necessary for collaboration, safety concerns, and scheduling. Otherwise I will wait to respond by email, make a telephone call or wait until our next session to address topics that have come up since our last meeting.

Video Sessions and Telephone Sessions

For video session I use **TherapyNotes Portal and Doxy.me** as these are both considered secure systems unless there is a case where these platforms are malfunctioning. Telehealth for therapists has limitations imposed by Wisconsin State law. ***Please see the attached Telehealth Consent Form for specifics regarding our Telehealth appointment.***

TherapyNotes Online Portal: This is a secure platform that includes messaging with me. I will send you a welcome email and invite you to create an online account if you do not already have one. With TherapyNotes you can sign in to securely share documents, communicate with me or even to join a Telehealth session. This is very efficient for clients and me especially when I am working from another location outside of the office. **I also use doxy.me which is a HIPAA**

compliant Telehealth video platform. You must have a completed and signed Telehealth consent on file with Blue stone Counseling.

By signing here you consent to choosing a HIPAA compliant platform to communicate and also acknowledge that if you choose to use one that is non-compliant as noted above, such as direct messaging on a cell phone, that you understand that information sent in that way is not compliant with current privacy practices standards. You also agree to abide by the above mentioned limits to communication and acknowledge receipt and understanding of these privacy practices.

_____ _____

Signature date

_____

Client's printed name

We reserve the right to revise or change this Notice. Each time you sign a consent for treatment at a site covered by this Notice we will provide a copy of this Notice in effect at that time.

Respectfully agreed upon,

Susan K. Miller

Susan K. Miller _____

Licensed Professional Counselor **date**

Effective Date: August 1, 2026

How to Contact Us: *Susan K. Miller, owner (262) 751-9564* or the Secretary of Department of Health and Human Services: (877) 696-6775.