



**Notice of Privacy Practices for  
Jonathan League, LPCC – S, LICDC**  
6400 Thornberry Ct, Suite 620, Mason, OH 45040  
Ph: (513) 229-8386 • Fx: (513) 229-8385

### **1. My Pledge Regarding Medical Information**

The privacy of your treatment is important to me. I understand that your treatment information is personal and I am committed to protecting it. I create a record of the care and services you receive. I need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways I may use and share your treatment information. I will also describe your rights and certain duties I have regarding the use and disclosure of your treatment.

### **2. My Legal Duty**

#### Law requires me to:

- A. Keep your treatment information private.
- B. Give this notice describing my legal duties, privacy practices, and your legal rights regarding your medical information.
- C. Follow the terms of the current notice.

#### I have the right to:

- A. Change my privacy practices and the terms of the notice at any time, provided that the changes are permitted by law.
- B. Make the changes in my privacy practices and the new terms of my notice effective for all treatment information I keep, including information previously created or received before the changes.

#### Notice of change to privacy practices:

- A. Before I make an important change in my privacy practices, I will change this notice and make the new notice available upon request.

### **3. Use and Disclosure of Your Treatment Information**

The following section describes different ways that I use and disclose treatment information. Not every use or disclosure will be listed. However, I have listed all the different ways I am permitted to use or disclose treatment information. *I will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to me.*

- A. For Payment – I may use and disclose your treatment information for payment purposes. A bill may be sent to you or a third party payor. The information on or accompanying the bill may include your general treatment information (date of services, diagnosis code, billing code for treatment).
- B. For Treatment – I may use information about you to help provide you with medical treatment or services but **ONLY** to help in coordination of your care with another health care provider if necessary in an emergency situation (i.e. emergency room or day treatment program). In cases when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization for release of information from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are notes I have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than protected health information (PHI).

#### Additional Uses and Disclosures:

##### **Notification**

I may use and disclose treatment information to notify or help notify a family member, your personal representative or another person responsible for your care. I may share information about your information about your location or general condition. If you are present, I will get your permission if possible before I share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, I will share only the information that is directly necessary for your care according to my professional judgment.

##### **Appointment Reminders**

I may use and disclose information for purposes of reminding you or your caretaker of your appointment.

### **Court Orders and Judicial and Administrative Proceedings**

As required by law, I may disclose your treatment information to public health or legal authorities charged with preventing or controlling injury, including child abuse or neglect. If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release this information without written authorization from you or your caretaker or legally-appointed representative. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

### **Victims of Abuse, Neglect, or Domestic Violence**

I may use and disclose information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. I may share your treatment information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. I may share treatment information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody. I am required by law to immediately report such belief to the County Department of Job and Family Services.

### **Serious Threat to Others' Health and Safety**

If I believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, I may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to me an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and I believe you have the intent and ability to carry out the threat, then I am required by law to take one or more of the following actions in a timely manner:

1. Take steps to hospitalize you on an emergency basis.
2. Establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional.
3. Communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, c) the identity of the potential victim(s).

### **Workers Compensation**

If you file a worker's compensation claim, I may be required to give your mental health information to relevant parties and officials.

### **4. Your Individual Rights**

You have the right to:

- A. Request a summary of treatment. This is given instead of the actual "Psychotherapy notes." You must make your request in writing. There will be charges for this report and for postage if you want the copies mailed to you.
- B. Receive a list of all the times I shared your treatment information for the purposed other than treatment, payment, and health care operation and other specified exceptions.
- C. Request that I communicate with you about your information by different means or to different locations. Your request that we communicate your treatment information to you by different means or at different locations must be in writing.
- D. Request that I place additional restrictions on my use or disclosure of your treatment. I am not required to agree to these additional restrictions, but if I do, I will abide by our agreement (except in the case of emergency).
- E. Request that I change certain parts of your treatment information. I may deny your request if I did not create the information you want changed or for certain other reasons. If I deny your request, I will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If I accept your request to change the information, I will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
- F. If you wish to receive a paper copy of this privacy notice, then you have the right to obtain a paper copy by making a request in writing to my office.

### **Questions and Complaints**

If you have any questions about this notice, please ask me. If you think that I may have violated your privacy rights, you may speak to me and submit a written complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services. I will not retaliate in any way if you choose to file a complaint.