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.

Dear Patient:

I understand that your health information is personal to you, and I am committed to protecting the information about you. I rely on you to give me complete and accurate information about your condition, symptoms and health history to diagnose and treat you. I appreciate how you trust me with this information. This Notice of Privacy Practices (or “Notice”) describes how I will use and disclose protected information and data that I receive or create related to your health care as well as your rights regarding your health information. I am required by law to maintain the privacy of your health information and to give you this notice describing our legal duties and privacy practices.

If you have any questions about our Privacy Practices, including your rights and ability to voice your concerns, please call Alyssa M Mitchell at (216) 831-1516.

How I May Use and Disclose Health Information About You

The most common reason why I use or disclose your health information is for treatment, payment or health care operations.

Treatment: I will use and disclose your health information while providing, coordinating or managing your health care. For example, information obtained by me during the course of your treatment will be documented in your record. This documentation may be forwarded to other health care providers, hospitals or nursing homes that are involved in treating you. I may request your medical information from other health care providers previously seen by you to assist in your care.

My records may contain information I receive from other sources, such as a hospital (if you have been inpatient). If another doctor or provider (hospital or nursing home) treating you asks for your records, our policy is to send the entire record. I believe that is in the best interests of patient care and treatment. Please let me know if you have a concern about me sending the entire record.

Payment: I will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your health care. For example, a bill will be sent to you if you have an outstanding balance or to an outside collection agency if your account becomes delinquent. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. As another example, I may disclose information about you to your health plan so that the health plan may determine your eligibility for payment of certain benefits.

Business Associates: There are some services provided through contracts with business associates. I may disclose your health information to our business associates so they can perform the job I’ve asked them to do. However, I require the business associates to take precautions to protect your health information.

Appointment Reminders: I may call to remind you of scheduled appointments, missed appointments, or that it is time to make your appointment. Unless you tell me otherwise, I will leave you a reminder message on your home voicemail or with someone who answers your phone if you are not home.

Public Health: As required by law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse and neglect.

Law Enforcement: Under certain circumstances, I may disclose your health information to law enforcement officials. These circumstances include reporting required by certain laws pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement
official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on the premises and crimes or emergencies.

**Victims of Abuse, Neglect or Domestic Violence:** I may disclose your health information to appropriate governmental agencies, such as adult protective or social services agencies, if I reasonably believe you are a victim of abuse, neglect or domestic violence.

**Workers’ Compensation:** I may disclose health information when authorized and necessary to comply with laws relating to Workers’ Compensation or other similar programs.

I may not make any other use or disclosure of your personal health information without your written authorization. Once given, you may revoke the authorization in writing to Alyssa M Mitchell LPCC-S, LLC. Understandably, I am unable to take back any disclosure I have already made with your permission.

**Individual Rights**
You have many rights concerning the confidentiality of your health information. You have the right:

- To request restrictions on the health information I may use and disclose for treatment, payment and health care operations. I am not required to agree to these requests. To request restrictions, please send a written request to Alyssa M Mitchell LPCC-S, LLC.
- To receive confidential communications of health information about you in a certain manner or at a certain location. For instance, you may request that I only contact you at work or by mail. To make such a request, send a written request of how or where you wish to be contacted to Alyssa M Mitchell LPCC-S, LLC.
- To inspect or copy your health information. You must submit your request in writing to. By law, there are a few limited situations in which I can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of your request. You may be charged a fee for the cost of copying and mailing in advance. If you are denied access to your health information, I will send you a written explanation.
- To amend health information. If you feel that health information I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, you must put your request in writing. You must also give me a reason to support your request. I may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. I may also deny your request if:
  1. The information was not created by me.
  2. The information is not part of the health information kept by me.
  3. The information is not part of the information you would be permitted to inspect or copy;
  or
  4. The information is accurate and complete
- To receive an accounting of disclosures of your health information, you must submit a request in writing. Not all health information is subject to this request. Your request must state a time period of no longer than six years. Your request must state how you would like to receive the report.

**Complaints**
If you believe that your privacy rights have been violated, a complaint may be made to

Alyssa M Mitchell  
24800 Chagrin Blvd #201  
Beachwood, OH 44122  
(216) 831-1516

**Changes to This Notice** Alyssa M Mitchell LPCC-S, LLC reserves the right to change privacy practices and to apply the revised practices to the health information that I already have as well as to such information that I may generate in the future. If I change my Notice of Privacy Practices, you will be notified of any such change. I will post the new notice in my office, have copies available and post it on my Website.

*Updated 5/13*