



Stonebridge Family Counseling

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Notice of Information Practices and Privacy Statement

How We Collect Information About You:

Stonebridge Family Counseling (SFC) and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information:

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information:

Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between SFC and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, insurance,

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources:

Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of SFC. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Your Rights Related to Your Medical and Mental Health Information: You have the following rights in your protected health information:

Inspect and Copy: To the extent allowed by law, you have the right to inspect and be provided a copy of your medical and mental health information used to make decisions about your care, unless this might be harmful to you or to others. This includes medical and billing records, but does not include some records such as psychotherapy notes. Your request to access records must be in writing and a fee may be charged for processing your request.

Amendment: You have the right to request amendment of your medical and mental health information, if you believe the records are inaccurate or incomplete. You must request amendment in writing from SFC. You must provide the reason for the requested amendment. We may decline your request in certain circumstances such as but not limited to the record originated elsewhere, it is not part of the records we use, or it is accurate and complete.

Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your protected health information. You must submit a request in writing.

Restrictions: You have the right to request restrictions on certain uses and disclosures of your protected health information by SFC. If the request is approved, we will comply with your request unless the information is required for emergency treatment. Requests for restrictions must be made in writing, specify the information you want limited, how you want it limited, and to whom you want it to apply.

Confidential Communications: You have the right to request to receive communications of your protected health information in certain ways. You must make this request in writing, which will be accommodated if reasonable.

Paper Copy of Notice: You have the right to obtain a paper copy of this Privacy Notice. You may request a paper copy by calling 615.516.3825.

Complaints: You have the right to complain to the U.S. Health and Human Services Secretary, if believe your privacy rights have been violated. There will be no retaliation of any kind against you by SFC.

Uses and Disclosures Without Your Consent:

SFC may use or disclose medical and mental health information about you without your consent in certain situations. We may use or disclose your protected health information without your consent when:

1. Emergencies: When there is an emergency and your health care provider attempts to get consent as soon as is reasonably practicable after delivery of care, or there is potential that you are in imminent risk of doing harm to yourself or others, or when there are communication barriers to obtaining consent from you and the health care provider determines that your consent is inferred from the circumstances, or if SFC is required by law to treat you, and your health care provider has tried but is unable to get your consent.
2. Legal Requirement: We may use and disclose your protected health information as required by law: to report abuse, neglect, or domestic violence; comply with health audits and inspections; for public health purposes (legally reportable diseases); for government programs; and workers' compensation. These situations may include but are not limited to the following four areas:
 1. Active Instances of Child Abuse
 2. Active Instances of Elder/Senior Abuse
 3. If you are an imminent threat to yourself
 4. If you are an imminent threat to another person(s)
3. Law Enforcement and Court Proceedings: We may disclose protected health information to comply with lawful law enforcement requests for information or legal proceedings.
4. Research: We may use and disclose protected health information, as allowed by law; to researchers when their research has been approved by the institutional review board and privacy protocols have been established to ensure the privacy of your protected health information.
5. Other: We may also share medical information with a coroner or medical examiner. For example, we may do this for identification or cause of death determinations as allowed or required by law. In addition, if your counselor is an intern, your case may be discussed with and supervised by a licensed counselor and a faculty member from the intern's academic division. The intern may confidentially discuss your case as part of a practicum internship class. The intern may also ask you if the session may be electronically recorded to aid supervision or classroom learning. You will be fully informed and asked to sign a Consent Form if this is the case.

While SFC strives to keep your records confidential, SFC may disclose your records as allowed by exceptions to FERPA and other applicable laws, such as the ADA. This includes disclosures such as those related to health and safety emergencies, reported or suspected abuse and other instances.

Other Uses and Disclosures Based on Your Authorization:

Other uses and disclosures of your protected health information not covered by this Notice will only be made upon your written permission. If you provide such written permission, you may revoke it at any time.

Unless otherwise required by law, SFC will obtain written authorization from you before releasing psychotherapy notes and notes of your conversations with professionals during private, group or other counseling sessions, which SFC may keep separate from your medical record.

Policy Adopted: January 17, 2015