



Creative Counseling and Studio
Art Therapy for All

Notice Of HIPAA Privacy Practices

Contact Information

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Health Information

Creative Counseling and Studio, LLC understands that information about you and your health care is personal. Creative Counseling and Studio, LLC is committed to protecting health information about you. Creative Counseling and Studio, LLC creates a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice will tell you about how we may use and disclose health information about you, and how we will protect you in the event of a HIPAA breach.

Creative Counseling and Studio, LLC describes your rights to the health information that we keep about you and describes certain obligations we have regarding the use and disclosure of your health information. Creative Counseling and Studio, LLC is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices concerning health information.
- Follow the terms of the notice that is currently in effect.
- Creative Counseling and Studio, LLC can change the terms of this Notice, and such changes will apply to all information we have about you.
- The new Notice will be available upon request, in the clinic office, and on the clinic website.

How We May Use And Disclose Health Information About You

The following categories describe different ways that Creative Counseling and Studio, LLC uses and discloses health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.



Creative Counseling and Studio
Art Therapy for All

However, all the ways Creative Counseling and Studio, LLC is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment or Health Care Operations: Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the client to use or disclose the client's personal health information without the patient's written authorization, to carry out the healthcare provider's own treatment, payment, or healthcare operations. Creative Counseling and Studio, LLC may also disclose your protected health information for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed healthcare provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the clinician in the diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because providers and other health care professionals need access to the full record and/or complete information to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, Creative Counseling and Studio, LLC may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Certain Uses And Disclosures Require Your Authorization

1. Psychotherapy Notes. Creative Counseling and Studio, LLC does keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For our use in treating you.
 - b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For our use in defending Creative Counseling and Studio, LLC in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.



Creative Counseling and Studio
Art Therapy for All

- f. Required by law for certain health oversight activities about the originator of the psychotherapy notes.
 - g. It is required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. Creative Counseling and Studio, LLC will not use or disclose your PHI for marketing purposes.
 3. Sale of PHI. Creative Counseling and Studio, LLC will not sell your PHI in the regular course of my business.

Certain Uses And Disclosures Do Not Require Your Authorization

Subject to certain limitations in the law, Creative Counseling and Studio, LLC can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, my preference is to obtain authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on Creative Counseling and Studio, LLC premises.
6. To coroners or medical examiners when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.



Creative Counseling and Studio
Art Therapy for All

9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, Creative Counseling and Studio, LLC may provide your PHI to comply with workers' compensation laws.
10. Appointment reminders and health-related benefits or services. Creative Counseling and Studio, LLC may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other healthcare services or benefits that Creative Counseling and Studio, LLC offers.

Certain Uses And Disclosures Require You To Have The Opportunity To Object

Disclosures to family, friends, or others. Creative Counseling and Studio, LLC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care with a signed release of information by you, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergencies.

You Have The Following Rights Concerning Your PHI

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and Creative Counseling and Studio, LLC may say "no" if we believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask Creative Counseling and Studio, LLC to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will work with reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. Creative Counseling and Studio, LLC will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.



Creative Counseling and Studio
Art Therapy for All

5. The Right to Get a List of the Disclosures Creative Counseling and Studio, LLC has made. In addition, you have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or healthcare operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. Creative Counseling and Studio, LLC will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Creative Counseling and Studio, LLC correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

HIPAA Breach Policy

Policy Title: HIPAA Breach Notification and Response Policy

Policy Number: HIPAA1

Effective Date: September 15, 2024

Policy Owner: Creative Counseling and Studio, LLC

Compliance Officer: Yasmin Henderson

Purpose: The purpose of this policy is to establish procedures for identifying, reporting, and managing breaches of protected health information (PHI) by the Health Insurance Portability and Accountability Act (HIPAA) and to ensure that all necessary actions are taken to mitigate any harm resulting from such breaches.

Scope: This policy applies to all employees, contractors, and business associates of Creative Counseling and Studio, LLC who handle, access, or manage PHI.

Definition of HIPAA Breach: An impermissible use or disclosure of PHI that compromises the security or privacy of the information. A breach is considered significant if it poses a risk of harm to the affected individuals.



Creative Counseling and Studio
Art Therapy for All

Policy: Creative Counseling and Studio, LLC is committed to protecting the confidentiality and security of PHI. Any suspected or confirmed breach of PHI must be reported immediately and managed by this policy.

Procedure for Identifying a Breach

1. **Detection:** Employees must be vigilant in identifying potential breaches, which may include unauthorized access, loss, theft, or improper disposal of PHI. Common signs of a breach include:
 - Unexpected access to PHI by unauthorized individuals.
 - Missing or stolen equipment containing PHI.
 - Improper or unapproved sharing of PHI.
2. **Reporting:** All suspected breaches must be reported immediately to the designated Privacy Officer or Compliance Officer. Reports should be made using the HIPAA-encrypted email provider Hushmail [using the encrypted email tool] and include details about the breach, such as:
 - Date and time of the incident.
 - Description of the breach and PHI involved.
 - Names of individuals or entities involved.

Investigation and Risk Assessment

1. **Initial Assessment:** The Privacy Officer will conduct an initial assessment to determine whether the incident constitutes a breach of HIPAA regulations. This involves evaluating the nature and extent of the PHI involved, including who had access and whether the information was viewed or used.
2. **Risk Analysis:** If the incident is deemed a breach, a risk assessment will be performed to determine the likelihood of harm resulting from the breach. Factors to consider include:
 - The type and sensitivity of the PHI involved.
 - The likelihood that the PHI has been or will be used for unauthorized purposes.
 - The extent to which the risk has been mitigated.

Notification

1. **Individuals:** If the risk assessment determines that a breach has occurred, affected individuals will be notified promptly via our HIPAA-encrypted email provider Hushmail [using the encrypted email tool]. Notifications will be made via written communication, email, or other methods as appropriate, and will include:
 - A description of the breach and the type of PHI involved.
 - The steps individuals should take to protect themselves from potential harm.



Creative Counseling and Studio
Art Therapy for All

- The steps Creative Counseling and Studio, LLC is taking to investigate and mitigate the breach.
 - Contact information for individuals to ask questions or get additional information.
2. **Regulatory Authorities:** By HIPAA requirements, the Privacy Officer will notify the Nebraska Department of Health and Human Services (DHHS) based on the size and scope of the breach. Notifications will be made within 60 days of discovering the breach.
 3. **Business Associates:** If the breach involves PHI managed by a business associate, the Privacy Officer will notify the business associate, who is then responsible for handling the breach by their agreement with Creative Counseling and Studio, LLC.

Mitigation and Corrective Actions

1. **Mitigation:** Immediate actions will be taken to mitigate any damage resulting from the breach, including securing the affected PHI and reviewing security measures to prevent future breaches.
2. **Corrective Actions:** The Privacy Officer will review the incident to determine the cause of the breach and implement corrective actions to address any vulnerabilities. This may include updating policies, providing additional training, or enhancing security measures.

Documentation

1. **Record-Keeping:** Detailed records of the breach, including the investigation process, notifications, and mitigation efforts, will be maintained for a minimum of six years.
2. **Review and Updates:** This policy will be reviewed routinely and updated as needed to ensure ongoing compliance with HIPAA regulations and to address any changes in practices or procedures.
3. **Documentation Template:** This is the format that the HIPAA Breach will be documented in your records and communicated to you.



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Provider's Name:
Clinical Supervisor's Name:
Date of HIPAA Breach:
Time of HIPAA Breach:
Client's Name:
Client's DOB:
Specific PHI Disclosed:
To Whom the PHI was Disclosed To:
Identifying Information About the Person the PHI was Disclosed To (badge number, employee number, relationship to patient, etc.):
Purpose/Reason for HIPAA Breach:
Date Reported to Compliance Officer:
Time Reported to Compliance Officer:
Response from Compliance Officer:
Next Steps in Reporting to Client:

Training

All employees, contractors, and business associates will receive training on this policy and procedures related to the handling of PHI and breach reporting. Training will be conducted during initial orientation and at regular intervals thereafter.

The training completed by all administrative staff and clinical providers can be found here: <https://compliance-group.com/free-hipaa-training/hipaa-introduction/>

Enforcement

Failure to comply with this policy may result in disciplinary action, up to and including termination of employment or contract of the administrative staff or provider.

Effective Date Of This Notice [Date Of Signature Below]

This notice went into effect on THE DATE OF THE ELECTRONIC SIGNATURE.

Acknowledgment of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of the HIPAA Notice of Privacy Practices.

SIGNATURE

The digital, photocopy or facsimile of this consent shall be as valid as the original. At the client's



Creative Counseling and Studio
Art Therapy for All

request a photocopy of this document can be made available.

**BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE
READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS
DOCUMENT.**