

NOTICE OF PRIVACY PRACTICES

Carolyn Erbaugh Counseling, Carolyn Erbaugh LPCC

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Privacy Officer: Carolyn Erbaugh

EFFECTIVE DATE: July 14, 2026

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

OUR LEGAL DUTY

We are required by applicable federal (HIPAA) and Ohio state law to maintain the privacy of your Protected Health Information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. If we make a significant change, we will update this Notice on our website and make the new Notice available upon request.

MODULE 1: USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your PHI for treatment, payment, and healthcare operations.

- **For Treatment:** We may use your PHI to provide, coordinate, or manage your mental health treatment. For example, we may disclose information to another counselor, psychiatrist, or primary care physician involved in your care.
- **For Payment:** We may use and disclose your PHI so that the services you receive may be billed and payment collected from you, an insurance company, or a third party. (Note: If you pay out-of-pocket in full and ask us not to bill your insurance, we will restrict disclosures to your health plan).

- **For Healthcare Operations:** We may use and disclose your PHI in connection with our practice's operations, such as quality assessment activities, provider reviews, compliance audits, or administrative planning.

Disclosures Requiring Your Written Authorization

- **Psychotherapy Notes:** Any notes we keep summarizing or analyzing the contents of our conversation during a private counseling session are kept separate from the rest of your medical record. These require your explicit, separate written authorization to be released, except in limited legal exceptions.
 - **Marketing and Sale of PHI:** We will never sell your PHI or use it for marketing purposes without your express written authorization.
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MODULE 2: EXCEPTIONS TO CONFIDENTIALITY (REQUIRED DISCLOSURES)

Under federal law and the ethical/legal codes established by the **Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board**, we may or must disclose your PHI *without* your authorization under the following conditions:

- **Child Abuse or Neglect:** If we have reason to believe or suspect that a child has been or is being abused or neglected, Ohio law mandates that we report this immediately to children's services or law enforcement.
- **Adult and Elder Abuse:** If we have reason to believe that a vulnerable adult or elderly individual is suffering from abuse, neglect, or exploitation, we are required by Ohio law to report it to the appropriate authorities.
- **Imminent Threat / Harm to Self or Others:** If you communicate an explicit threat of serious physical harm or death toward a reasonably identifiable person, or if we evaluate that you present an imminent danger to your own safety, we are legally permitted (and under a duty) to take protective actions. This may include notifying law enforcement, contacting the potential victim, or seeking hospitalization.
- **Court Orders and Subpoenas:** If you are involved in a lawsuit or legal dispute, we may disclose your PHI in response to a lawful court order or a properly issued subpoena, in accordance with Ohio privilege laws.

- **Public Health and Oversight:** We may disclose PHI to public health authorities for required reporting, or to the Ohio CSWMFT Board if they are conducting an official investigation relevant to our practice.
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MODULE 3: SPECIAL DISCLOSURES (TECH, SUD, & 2026 UPDATES)

- **Artificial Intelligence and Telehealth Tools:** In alignment with modern Ohio CSWMFT guidelines, if our practice utilizes any HIPAA-compliant AI transcription, summary tools, or telehealth platforms, your data is fully protected under explicit Business Associate Agreements (BAAs). These technologies assist only in administrative formatting and do not compromise your clinical privacy.
 - **Substance Use Disorder (SUD) Records:** To the extent that your records contain information protected under federal **42 CFR Part 2**, we strictly align our data-handling practices with the latest federal harmonization rules. SUD treatment records will not be re-disclosed without your integrated consent except under explicit emergency medical circumstances or formal court orders.
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MODULE 4: YOUR INDIVIDUAL RIGHTS

You have the following rights regarding the PHI we maintain about you:

1. **Right to Inspect and Copy:** You have the right to look at or get copies of your medical and billing records. You must submit your request in writing. We may charge a reasonable, cost-based fee for copies as permitted by Ohio law.
2. **Right to Request Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, *except* if you request that we not disclose PHI to your health insurance plan for payment purposes, and you have paid for the service entirely out-of-pocket.
3. **Right to Alternative Communications:** You have the right to request that we communicate with you about your health and treatment in a specific way or at a specific location (for example, calling you only at a specific phone number or mailing items to a P.O. Box).
4. **Right to Amend Your Record:** If you feel that the clinical or billing information we have about you is incorrect or incomplete, you may ask us to amend the

information. Your request must be in writing and explain why the information should be amended. We may deny your request under specific legal criteria, but we will provide a written explanation.

5. **Right to an Accounting of Disclosures:** You have the right to receive a list of certain instances in which we disclosed your PHI for purposes other than treatment, payment, healthcare operations, or pursuant to your explicit authorization.
 6. **Right to a Paper Copy:** You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically on our website.
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COMPLAINTS AND GRIEVANCES

If you believe your privacy rights have been violated, you may file a complaint directly with our practice by contacting our Privacy Officer listed at the top of this form.

You may also file a formal complaint with the federal government via the **U.S. Department of Health and Human Services Office for Civil Rights (OCR)**, or contact the **Ohio Counselor, Social Worker, and Marriage and Family Therapist Board** regarding ethical and professional conduct.

We will not retaliate against you in any way for filing a complaint.