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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN THE ACKNOWLEDGEMENT OF RECEIPT.

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### Protecting Your Personal and Health Information

I am committed to protecting the privacy of your personal and health information. Applicable Federal and State laws require me to maintain the privacy of my patients' personal and health information. This Notice explains my privacy practices, legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "health information". PHI is defined as (1) information that refers to the past, present, or future physical or mental health condition of a patient, payment for the patient's health care, or providing health care to the patient (2) that identifies the patient or could reasonably be sure to identify the patient and (3) that is transmitted or maintained in any medium. I will follow the privacy practices described in this Notice while it is in effect.

### How I Protect Your Health Information

I protect your health information by:

- Treating all of your health information that I collect as confidential.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations safeguarding your health information.

### Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes, as long as you consent to receive evaluation or treatment services from me. To help clarify these terms, here are some definitions:

- **"PHI"** refers to information in your health record that could identify you.
- **"Treatment, Payment, and Health Care Operations"**
  - *"Treatment"* is when a clinician provides, coordinates, or manages your health care and other services related to your health care. Examples of treatment would be when I consult with another health care provider, such as your family physician or if I obtain consultation or supervision regarding your treatment from another clinician. *"Payment"* is when a clinician obtains reimbursement for your healthcare, including collections. *"Health Care Operations"* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, conducting training and educational programs or accreditation activities.

- **“Use”** applies only to activities such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities such as releasing, transferring, or providing access to information about you to other parties.

### **Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside treatment, payment, or healthcare operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or healthcare operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes (if I keep them separately from your PHI). “Psychotherapy notes” are notes I might make about our conversation during a private, group, joint, or family counseling session, which I might keep separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization.

### **Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse and Neglect* – When I have received information in my professional capacity which gives me reason to believe that a child’s physical or mental health or welfare has been or may be adversely affected by abuse or neglect, I must report such to the county Department of Social Services or to a law enforcement agency in the county where the child resides or is found. If I have received information in my professional capacity which gives me reason to believe that a child’s physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child’s welfare, but I believe the act or omission was committed by another person other than the parent, guardian, or other person responsible for the child’s welfare, I must make a report to the appropriate law enforcement agency [S.C. CODE ANN. Section 20-7-510].
- *Adult and Domestic Abuse (Vulnerable Adults)* – If I have reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited, I must report the incident within 24 hours or the next business day to the Adult Protective Services Program or to the Long Term Care Ombudsman Program. I may also report directly to law enforcement personnel. [S.C. CODE ANN. Sections 16-3-1050 and 43-35-25].
- *Health Oversight Activities* – The South Carolina Board of Examiners in Psychology has the power, if necessary, to subpoena my records. I am then required to submit to them those records relevant to their inquiry. [S.C. CODE ANN. 19-11-95 (D) (2)]. I am required to report misconduct by another psychologist to the S.C. Board of Examiners in Psychology, but only with your permission [South Carolina Department of Labor, Licensing, and Regulation Section 100-4 (L) (4)].
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, I may be compelled to provide the information. Although courts have recognized a psychotherapist-patient privilege, there may be circumstances in which a court would order me to disclose personal health or treatment information. I will not release information without your

written authorization, or that of your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party (e.g. Law enforcement agency or Social Security) or where the evaluation is court ordered. [S.C. CODE ANN 19-11-95 (D) (1)].

- *Serious Threat to Health or Safety* – If you communicate to me the intention to commit a crime or harm yourself, I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. [S.C. CODE ANN. 19-11-95 (C) (4)]. In this situation, I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems. I may notify potential victims, members of your family, and/or proper law enforcement and mental health authorities.
- *Worker's Compensation* – If you file a worker's compensation claim, I am required by law to provide all existing information compiled pertaining to the claim to your employer, the insurance carrier, their attorneys, the South Carolina Worker's Compensation Commission, or you. [S.C. CODE ANN. Section 42-15-95].
- *Accusations* – I am permitted by law to reveal confidences when it is necessary to defend myself against an accusation of wrongful conduct. [S.C. CODE ANN. 19-11-95 (C) (4)].

### **Patient's Rights and Psychologist's Duties**

#### **Patient's Rights:**

- *Rights to Request Restrictions* – You have the right to request additional restrictions on certain uses and disclosures of protected health information. I may not be able to accept your request, but if I do, I will uphold the restriction unless it is an emergency.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen by me. On your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the mental health record used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request in writing an amendment of your health information for as long as PHI records are maintained. I am not necessarily required to honor your request. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, I will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- *Right to an Accounting* –You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request.

### **Psychologist's Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

**Notice: Appointment Reminders:** Your consent for psychological services includes (by policy) that I may contact you with appointment reminders [45 CFR 164.520 (b) (1) (iii) (A)]. I may do this and/or leave a message to this effect unless you specifically document in writing that you do not want this to occur.

### **Questions and Complaints and Changes**

- If you have questions about this notice, disagree with a decision I made about access to your records, or have other concerns about your privacy rights, you may contact me at **(864) 697-8757**.
- If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to 7 Gamecock Avenue Charleston, SC 29407. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

**This Notice of Health Information Privacy is Effective January 1<sup>st</sup>, 2014.**