



NOTICE OF PRIVACY PRACTICES

TRANSFORMATIVE SOLUTIONS LLC

Toni Epperson LISW-S

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.

Personally identifiable information about your health, your health care, and our payment for health care is called Protected Health Information. We must safeguard your Protected Health Information and give you this notice about our privacy practices that explains how, when, and why we may use or disclose your Protected Health Information. Except in the situation set out in the notice, we must use or disclose only the minimum necessary Protected Health Information to carry out the use or disclosure.

We must follow the practices described in this notice, but we can change our privacy practices and the terms of this notice at any time.

If we revise this notice, you may read the new version of the Notice of Privacy Practices on our website (www.transformativesolutionsllc.com). You also may ask for a copy of the Notice by - calling us at 567-318-0944 and requesting a copy be mailed to you or asking for a copy at your next appointment.

Uses and Disclosures of your Protected Health Information That Do Not require your consent.

We may use and disclose your Protected Health Information as follows without your permission:

For Treatment Purposes. We may disclose your health information to doctors, nurses and others who provide your health care. For example, your information may be shared to ensure continuity of your care.

To Obtain Payment. We may disclose your health information to collect payment for your healthcare. For example, we may release information to your insurance company.

For Health Care Operations. We may disclose your health information to perform business functions like employee evaluations and improving the services we provide. We may disclose your information to students training with us. We may use our information to contact you to remind you of your appointment or to call you by name in the waiting room when you are ready to be seen.

When Required by Law. We may be required to disclose your Protected Health Information to law enforcement officers, courts, or government agencies.

For Public Health Activities. We may be required to report your health information to government agencies to prevent or control disease or injury. We also may have to report work-related illnesses and injuries to your employer so that your workplace may be monitored for safety.

For health Oversight Activities. We may be required to disclose your health information to government agencies so that they can monitor or license health care providers such as doctors and nurses.

To Avert a Threat to Health or Safety. To avoid a serious threat to health or safety, we may disclose health information to law enforcement officers or other persons who might prevent or lessen that threat.

For Activities Related to Death. We may be required to disclose your health information to coroners, medical examiners and funeral directors so that they can carry out duties related to your death, such as determining the cause of death or preparing your body for burial. We also may disclose your information to those involved with locating, storing or transplanting donor organs or tissue.

For Specific Government Functions. In certain situations, we may disclose health information of military officers and veterans, to correctional facilities, to government benefit programs, and for national security reasons.

For Workers Compensation Purposes. We may disclose your health information to workers' compensation insurers, State administrators, employers, and other persons or entities involved in workers' compensation systems. As authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault; To the extent the disclosure is required by State or other law; and for purposes of obtaining payment for any health care provided to the injured or ill worker.

Uses and Disclosures of Your Protected Health Information That Offer You and Opportunity to Object

In the following situations, we may disclose some of your Protected Health Information if **WE First Inform You about the disclosure and you do not object:**

In Patient Directories. Your name, location, and general health condition **may** be listed in our patient directory.

To your Family, Friends or others **involved in your care.** We may share with these individual's information related to their involvement in your care or information to notify them as to your general condition. We may release your health information organizations handling disaster relief efforts.

Uses and Disclosures of Your Protected Health Information That Require Your Consent

The following uses and disclosures of your Protected Health Information will be made only with your written permission, which you may withdraw at any time:

For Research Purposes. To serve our patient community, we may want to use your health information in research studies. For example, researchers may want to see whether your treatment was successful for your diagnosis. In such an instance, we will ask you to complete a form allowing us to use or disclose your information for research purposes. Completion of this form is completely voluntary and will have no effect on your treatment.

For Marketing Purposes. Without your permission, we will not send you mail or call you on the telephone in order to urge you to use a particular product or service, unless such a mailing or call is part of your treatment. Additionally, without your permission we will not sell or otherwise disclose your Protected Health Information to any person or company seeking to market its products or services to you.

Of Psychotherapy Notes. Without your permission, we will not use or disclose notes in which your therapist describes or analyzes a counseling session in which you participated, unless the use or disclosure is for on-site student training, for disclosure required by a court order, or for the sole use of the therapist who took the notes.

For Any Other Purposes Not Described in This Notice. Without your permission, we will not use or disclose your health information under any circumstances that are not described in this notice.

Your Rights Regarding Your Protected Health Information

You have the following rights related to your Protected Health Information:

To Inspect and Request a Copy of your Protected Health Information. You may look at and obtain a copy of your Protected Health Information in most cases. You may not view or copy psychotherapy notes, information collected for use in a legal or government action, and information which you cannot access by law. If we use or maintain the requested information electronically, you may request that information in electronic format.

To Request that We Correct your Personal Health Information. If you think that there is a mistake or gap in our file of your health information, you may ask us in writing to correct her file. We may deny your request if we find that the file is correct and complete, not created by us, or not allowed to be disclosed. If we deny your request, we will explain our reasons for the denial and your rights to have the request and denial and your written response added to your file. If we approve your request, we will change the file, report that change to you, and tell others that need to know about the change in your file.

To Request a Restriction on the Use or Disclosure of your Protected Health Information. You may ask us to limit how we use or disclose your information, but we generally do not have to agree to your request. An exception is that we must agree to a request not to send Protected Health Information to a health plan for purposes of payment or health care operations if you have paid in full for the related product/service. If we agree to all or part of your request, we will put our agreement in writing and obey it except in emergency situations. We cannot limit uses or disclosures that are required by law.

To Request Confidential Communication Methods. You may ask that we contact you at a certain address or in a certain way. We must agree to your request as long as it is reasonably easy for us to do so.

To Receive Notice if Your Records Have Been Breached. Transformative Solutions LLC will notify you if there has been an acquisition, access, use or disclosure of your Protected Health Information in a manner not allowed under the law and which we are required by law to report to you. We will review any suspected breach to determine the appropriate response under the circumstances.

To Obtain a paper copy of this Notice. Upon your request, we will give you a paper copy of this notice.

If you have any questions about these rights, please contact us.

If you think we may have violated your privacy rights, or if you disagree with a decision we made about your Protected Health Information, you may file a complaint with the Lucas County Mental Health and Recovery Services Board at:

Board Privacy Officer
701 Adams St. Suite 800
Toledo, Ohio 43604
419-213-4600

You may also file here:

Office for Civil Rights
U. S. Dept. of Health and Human Services
ATTN: Reginal Manager
253 N. Michigan Ave, Suite 240
Chicago, IL 60601

No Action will be taken against you if you make a complaint to either or both of these parties

This Notice is effective February 1, 2024

Printed Patient Name: _____

Patient Signature: _____

Relationship to patient (if applicable): _____

Date: _____