



## **Collective Counseling and Consultation, LLC**

11801 W. Silver Spring Dr. Ste. 107

Milwaukee, WI 53225

### **NOTICE OF PRIVACY PRACTICES**

#### **EFFECTIVE DATE OF THIS NOTICE**

This notice is effective as of 1/1/2022, with updates as of 2/28/2025.

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

## **I. OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that health information about you and your health care is personal. We are committed to protecting your health information. We create a record of the care and services you receive from us, which is necessary to provide quality care and comply with legal requirements. This notice applies to all records of your care maintained by our practice.

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this notice of our legal duties and privacy practices.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the terms of the notice currently in effect.
- Make any updated notices available upon request, in our office, and on our website.

## **II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways we may use and disclose health information. Not every use or disclosure is listed, but all uses and disclosures fall within one of these categories.



## For Treatment, Payment, or Health Care Operations

We may use or disclose your PHI without your written authorization for treatment, payment, and health care operations:

- **Treatment:** We may use or share your PHI to provide, coordinate, or manage your health care, including consultations with other providers.
- **Payment:** We may use or share your PHI to bill and collect payment for services.
- **Health Care Operations:** We may use your PHI for business operations necessary to provide quality care and ensure compliance with legal requirements.

## Legal Disclosures & Mental Health Records Protections

- If you are involved in a legal matter, we may disclose PHI in response to a court order. **Wisconsin law requires additional legal authorization for mental health records beyond a standard subpoena (Wis. Stat. § 51.30).**

## III. WISCONSIN-SPECIFIC PRIVACY LAWS

In addition to federal HIPAA regulations, **Wisconsin state law** provides additional protections for certain types of health information:

### Mental Health Records (Wis. Stat. § 51.30 & § 146.82)

- Wisconsin law provides stricter **confidentiality** protections for mental health records. We **will not** disclose mental health records without **specific written consent**, except in limited circumstances as required by law.

### Minors' Rights to Confidentiality (Wis. Stat. §§ 51.30 & 146.82)

- **Minors aged 14 and older** may **consent to mental health treatment** without parental involvement.
- Parents **may not** access the minor's records without the minor's **written consent**, unless an exception applies (e.g., safety concerns).

### Mandatory Reporting (Wis. Stat. § 48.981)

- We are **required by Wisconsin law** to report suspected **child abuse, elder abuse, and abuse of vulnerable adults** to the appropriate authorities.
- We **may disclose** PHI without consent if a client presents a **serious threat to themselves or others** (duty to warn).



## **HIV Test Results & Other Sensitive Health Data (Wis. Stat. § 252.15)**

- HIV test results **require specific written consent** before disclosure, except when permitted by law.

## **IV. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

Certain uses and disclosures require your authorization, including:

- **Psychotherapy Notes:** We maintain psychotherapy notes separately from your medical record. Use or disclosure requires your authorization unless for treatment, training, defense in legal proceedings, health oversight, coroner duties, or preventing a serious threat.
- **Marketing Purposes:** We do not use your PHI for marketing or receive compensation for marketing-related disclosures without your explicit written authorization.

## **V. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights concerning your PHI:

### **1. Right to Request Restrictions**

- You may request restrictions on how we use or disclose your PHI. We may not be required to agree, except for disclosures to a health plan for services paid out-of-pocket in full.

### **2. Right to Request Confidential Communications**

- You may request that we contact you in a specific way (e.g., via email or at a different address). We will accommodate reasonable requests.

### **3. Right to Access and Obtain a Copy of Your PHI**

- You have the right to obtain an electronic or paper copy of your medical record, except for psychotherapy notes. Requests will be fulfilled within 30 days, and reasonable fees may apply.

### **4. Right to Request an Accounting of Disclosures**



- You may request an accounting of disclosures of your PHI. **Disclosures of mental health records are limited under Wisconsin law and require written authorization.**

## 5. Right to Amend Your PHI

- If you believe there is an error in your record, you may request a correction. We may deny requests that are inaccurate or incomplete. You will receive a written explanation within 60 days.

## 6. Filing a Complaint

- If you believe your privacy rights have been violated, you may file a complaint with us or with the **U.S. Department of Health & Human Services (HHS)**. You will not be penalized for filing a complaint.

**HHS Contact Information:** [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

## VI. CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Any changes will apply to PHI we already hold and any future PHI we collect. The updated Notice will be available in our office and on our website.

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you acknowledge that you have received a copy of this **Notice of Privacy Practices**.

**BY SIGNING BELOW, I CONFIRM THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**