



Brantlee Spurrier, MSW, LISW-CP
South Carolina License #10347

HIPAA Notice of Privacy Practices

Effective date of this notice is 01/09/2025

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU IS PROTECTED AND MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a rule, I will not disclose information about you, or the fact that you are my client, without your written consent. I am legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes.

II. "Limits of Confidentiality"

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality - some exceptions created voluntarily by my own choice, and some required by law. I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

Emergency: If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

Child/Elder/Disabled Person Abuse Reporting: If I have reason to suspect that a child or elder or disabled person is abused or neglected, I am required by law to report the matter immediately to the appropriate Abuse Hotline at 1-888-227-3487.

Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you.

Specific government functions: I may disclose the PHI of military personnel and veterans under certain circumstances, in the interest of national security (such as protecting the President of the United States) or assisting with intelligence operations.

Serious Risk to Health or Safety to Self: If I am engaged in my professional duties and you indicate

an intent and verbalize means to bring harm to yourself, I am required to take steps to ensure your safety. If you indicate an intent and verbalize means to complete or attempt suicide, I am required to take steps to ensure your safety. In both instances, voluntary or involuntary hospitalization may be utilized to minimize the likelihood that you will be able to bring harm or fatal injury to yourself.

Serious Risk to Health or Safety to Others: If I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I will take steps to inform the threatened party. These precautions may include: 1) warning the potential victim, or the parent or guardian of the potential victim if under 18, 2) notifying law enforcement, and/or 3) seeking your hospitalization.

Records of Minors: Parents may not be denied access to their child's records. At my discretion and with your permission, a summary may be substituted.

III. Patient's Rights and Providers Duties:

Right to request restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information (PHI) about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information I disclose. I am not required to agree to a restriction you request but will do my best to disclose the minimum necessary information. To request restrictions, you must make your request in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.

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 seeing me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages. To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

Right to an Accounting of Disclosures: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice).

Right to Inspect and Copy: In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding. At my discretion and your permission, a summary may be substituted.

Right to Amend: If you feel that PHI that I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing, and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; I will add your request to the information record; 2) is not part of the medical information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete to the best

of my knowledge. If I deny your request, you have the right to file a disagreement statement which I will file in your record.

IV. Notifications of breaches: In the case of a breach, Brantlee J Spurrier will notify each affected individual whose PHI has been compromised. OCR must and will be notified if the breach involves more than 500 persons and documentation pertaining to risk assessment must be maintained.

V. PHI after death: Generally, PHI excludes any health information of a person who has been deceased for more than 50 years. Brantlee J Spurrier may disclose deceased individual's PHI to those involved in the care or payment for healthcare of the deceased prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

VI. Individual's Right to Restrict Disclosures & Right of Access: To implement the 2013 HITECH Act, the Privacy Rule is amended. Brantlee J Spurrier is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment of healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. The 2013 Amendments also adopts the proposal in the interim rule requiring Brantlee J Spurrier, to provide you, the patient, a copy of PHI if you request it in electronic form. I must provide you only with an electronic copy of your PHI, not direct access to the electronic health record system. You also have the right to direct Brantlee J Spurrier to transmit an electronic copy of your PHI to an entity or person designated by you. Further, the Amendments restrict the fees that may be charged for handling and reproduction of PHI, which must be reasonable, cost based and separately identify the labor for copying PHI. Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one- time extension of 30 additional days.

VII. Right to a Copy of This Notice: You have the right to a paper copy of this notice and I encourage you to print it out for your records. You can also ask for a copy of this notice by email. You may ask me to give you a copy of this notice at any time. I reserve the right to change my policies and/or to change this notice, and to make the change notice effective for medical information I already have about you as well as any information I receive in the future. If there are changes, a new copy will be given to you or posted. I will have copies of the current notice available on request.

VIII. Complaints: If you believe your privacy rights have been violated, please contact the Privacy Officer, Brantlee Spurrier who can be reached at 803-810-1141 or brantlee@deltatherapy.org. If not satisfied, you may file a written complaint to:

Secretary of the U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201
Or visit their website: www.hhs.gov

If you file a complaint about my privacy practices, I will take no retaliatory action against you.