



Hart Behavioral Health, LLC

Jane Hart Lewis, MS, LPC, LPCS, NCC

503 Ridgewood Drive Florence, SC 29501

843 679 9200 (telephone) 843 667-6840 (fax)

www.hartbehavioralhealth.com

Hello!

First, let me thank you for choosing me for help with your problems. I intend and expect to provide you with high-quality professional services.

Your first appointment will take at least one hour. Please plan your schedule with this in mind. If you are unable to keep this appointment, please reschedule it at least 72 hours in advance by calling 843-679-9200.

It is common for those new to therapy to feel both eager to get going and uncomfortable about starting the process of therapy. Do not let some awkwardness keep you from beginning what you know will be in your long-term best interest. If you have questions and you feel you need answers before this appointment, please call and let us discuss these. I expect that, as in most situations in life, you will find that if you forge ahead, your worries will soon lessen.

Over the years, my clients have found it very helpful to think about what they want to get from treatment or therapy. Please make some notes about your goals and what is most important to you, so that we can discuss these when we meet.

In order for me to serve you best, please call your insurance company and get pre-authorization if needed. At that time, you should also find out your mental health benefits (deductibles and copayments). Also, please bring your insurance card(s) and a picture ID with you when you come to your appointment.

You can make efficient use of the time of your first appointment by printing and the Helpful Forms from my website, www.hartbehavioralhealth.com, and bringing them, completed, to your appointment. If you are unable to print the forms, please call and we will decide how best to handle that situation. *Please do not date your paperwork until the day of your appointment.* Please note that my office policy is that payment must be made and/or insurance coverage must be arranged at the time of each visit. Your cost will be based on your insurance plan or payment method. Even when you or the person legally responsible for the bill gives information about insurance coverage or other methods of payment, paying the charges for therapy is your responsibility. I accept cash and checks only at the first appointment. If you wish to use a credit card for later appointments, we will discuss this at your first session.

I look forward to a productive and successful relationship working with you.

Yours truly,

Jane Hart Lewis, MS, LPC, LPCS, NCC, C-DBT





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FYI for Clients who choose to use Telehealth

I am now using thera-LINK, a secure video service for online sessions. I chose thera-LINK because it's very user friendly. That said, there are some very important things you'll need to know in order to avoid the potential frustration of not being able to connect at our scheduled appointment time.

I've added you as a client on thera-LINK. **The system automatically generated an email that contains a link that you MUST click on to accept the invitation and join thera-LINK.** When you click the link, you'll create your password and type in some other information. That first email might go to your junk/spam/clutter file, so go ahead and look for that at your earliest convenience.

As soon as you have your log in information, you can log into thera-LINK. The dashboard will list your appointment details after I schedule it with a **green join button** that is available 2 hours prior to your appointment. The portal also has a menu on the left called support, which can further answer any questions.

If you're using a PC, Mac, or Android device, **please use Chrome, Firefox, or Safari version 12.2 or greater.** If you are using an iPhone or iPad, use **Safari 12.2 or higher.**

Rebooting your computer before a session is a good idea especially if you've used other applications during the day that utilize your speakers/camera/microphone - not required but it's often helpful with some systems.

Once you've logged in, you can click on the settings menu to upload a picture of yourself if you'd like. thera-LINK auto detects your time zone and your appointments will be displayed accordingly.

Finally, keep in mind that when using thera-LINK, the more bandwidth you have available, the better your connection will be. Therefore, if you're planning on using a phone or tablet, connecting to Wi-Fi will vastly improve the session.

Disconnections may occur. If we get disconnected, I'll restart the session on my side. If you don't see me in a few minutes, go back to the Dashboard and click the green join button again. I will call you if more than 5 minutes have elapsed.

I'm looking forward to meeting with you using this technology. If you have any questions, feel free to call me.

Sincerely,

Jane Hart Lewis, MS, LPC, LPCS



HART BEHAVIORAL HEALTH LLC (HBH)
HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me, or you can view a copy of it in my office, which is located at 503 Ridgewood Drive; Florence, SC 29501.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

- 1. For treatment.** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.
- 2. For health care operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
- 3. To obtain payment for treatment.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.
- 4. Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 2. To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- 3. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.**
- 4. If disclosure is mandated by the Child Abuse and Neglect Reporting law.** For example, if I have a reasonable suspicion of child abuse or neglect or if I have a reasonable suspicion of elder abuse or dependent adult abuse.
- 5. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
- 6. For Workers' Compensation purposes.** I may provide PHI in order to comply with Workers' Compensation laws.
- 7. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
- 8. If disclosure is otherwise specifically required by law.**

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed.

If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

C. The Right to Choose How I Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.

D. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

F. The Right to Get This Notice by Email You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Service, please contact me at 843 679-9200.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.