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**Notice of  
Privacy  
Practices**

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.

Effective date: August 2, 2013

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**Your health care information is protected by law.**

I understand that information I collect about you and your health is personal (for example information like your history, reasons for counseling, diagnoses, notes I keep about you, records I get from others who treated you, your appointment schedule, and billing records). I am committed to protecting your health care information and to following all laws about its use. You have the right to discuss with me your concerns about how your health care information is shared. The law says:

1. I am required to protect your health care information from unnecessary, unauthorized or illegal use or disclosure.
  2. You may ask me not to share certain health care information. Sometimes, I may not be able to agree to your request.
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**Sometimes I must give out your information, even if you or I don't want that.**

I follow laws that tell me when I have to share your health care information, even if you do not give me your permission. I always report:

1. to the police when required by law;
2. when the court orders me to;
3. when you, or someone you threaten, is in immediate, serious danger;
4. abuse, neglect and domestic violence, if related to child protection or vulnerable adults;
5. to the government to review how my counseling practice is working;
6. to a provider or insurance company who needs to know if you are getting services from me;
7. to the federal government when they are investigating something important to protect our country, the President and other government workers;
8. to people involved in your care, in the event of your death.

I will tell you if I share your information for one of these reasons, unless I believe that telling you is likely to cause you harm, in which case I will wait to tell you when I believe you will be safe.

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**Sometimes I must get your permission before sharing.**

Your permission is always required for me to share your psychotherapy notes (my personal notes about you, separate from your medical record), or for me to share your information for sales or marketing purposes. I will not share your information for these purposes or for any purpose not described in this Notice without your permission.

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**Sometimes I can choose to share your information, even if you don't want that.**

The law permits me and your other health caregivers, such as nurses, doctors, therapists and social workers, to see, use and share your health care information so that we can care for you and so we can bill for our services. For example, I may share information with your doctor if I believe that medication he or she is providing is affecting my counseling with you. This use may cover health care you had before now or may have later. The law also allows me share your health care information with health plans, insurance companies, tribal or government programs and other payers to help you get your benefits and so that I can be paid. For example, I may provide the dates you received counseling and the length of the counseling session to your insurance company to receive payment. I am also allowed to use your information to run my counseling practice, such as a disclosure for employee review purposes. The law says I don't need your permission to use your information in these ways.

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**When the law and safety allow, I will ask your permission for sharing outside my counseling practice.** When I think that sharing your information with someone outside my counseling practice will help you, I will ask your permission first (except for those times when the law says I must share). I may just ask for your spoken permission. Sometimes I will ask you to sign an authorization form, giving me your written permission to share only specific information with specific people. If after a reasonable effort I cannot contact you, then I will use my best professional judgment about sharing your information. Note that I will not ask your permission to use your information within my own practice to plan, schedule, document, or bill for counseling sessions with you, even when this involves other people who work for me.

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**You have the right to refuse, take back or restrict your permission.** If I ask your permission to share your health care information, you can say no. If you say yes, you can change your mind later and take back your permission.

You don't have to wait for me to ask; you can tell me when you don't want me to share. I may not be able to do as you ask; if not, I will provide an explanation of why. Also, if you pay me out of pocket in full for my counseling, then you can tell me not to share your information with health plans or insurance companies and I must do as you ask.

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**You have the right to ask to see, share and update your information.** You may ask for a copy of your health care information, in paper or electronic format. I may charge a small amount for copying costs. You can tell me who to send electronic copies to. You can also ask me for a list of all your information I have shared, who I shared it with, and when.

If you think some of your health care information is wrong, you may ask in writing that I correct or add to it. You may ask that the corrected or new information be sent to others who have received your health care information from me. I am not required to do as you ask, but I will provide an explanation if I am unable to or choose not to do as you ask.

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**You have the right to tell me how you want me to communicate.** You have the right to ask me to communicate with you in certain confidential ways or only at certain places. For example, you may ask that I not call you at home, or never leave a message on your voice mail. Or to always call you only on your cell phone. This is for your convenience and safety. I am not required to do as you ask, but I will provide an explanation if I am unable to or choose not to do as you ask.

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**You have the right to know if I leak your information.** If I discover that I am responsible for someone getting unauthorized access to your health care information in a way that could harm you, or I learn of any other breach of the health care information I maintain about you, then I must notify you.

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**You have the right to information about your privacy.** This notice is yours. You may ask for a copy at any time. An electronic version of this notice is available from me. I reserve the right to make changes to this Notice. If I make important changes to this Notice, I will tell you about them and provide you with a new copy upon your next visit. I am required to comply with the Notice currently in effect. You can also ask me for a copy of my practice's *Privacy Policy*, a more detailed explanation of your privacy. Please ask me any questions you have about your privacy in counseling.

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**You have the right to complain about me.** If you feel your privacy rights have been violated you can contact me by calling 907-209-6336, or by writing to Tom McCabe, PO Box 23284, Juneau, AK 99802.

You can also complain in writing to the Secretary of the Department of Health and Human Services (HHS) at 200 Independence Avenue S.W., Washington, DC 20201, or to the HHS Office of Civil Rights. **My counseling of you will not be affected by any complaint made** to me, to the Secretary of Health and Human Services or to the Office of Civil Rights.

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