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HIPAA Notice of Privacy Practices

This privacy policy is in effect for Resonance Professional Counseling LLC and Kristine D. Wilson LPC as of January 1, 2022. We only release Protected Health Information (PHI) in accordance with state and federal laws and the ethics of the counseling profession. For questions, you may contact Kristine Wilson at (228)341-1079 or kdwlpc2016@gmail.com.

Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your healthcare information for these purposes. In general, the privacy of all communications between a patient and a counselor is protected by law, and I can only release information about our work to others with written permission from the client (including minors). There are a few exceptions:

- **LEGAL:** In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings in which your emotional condition is an important issue, a judge may order my testimony if s/he determines that the issue demands it.
- **ABUSE:** I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. I must file a report with a state agency if I believe that a child, elderly person, or disabled person is being abused.
- **PROTECTION OF OTHERS:** If I believe that a client is threatening serious bodily harm to another, then I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- **SELF-HARM:** If a client threatens to harm herself/himself, I may be obligated to seek hospitalization for her/him or to contact family members or others who can help provide protection.
- **CONSULTATION:** I may occasionally consult other professionals about a case. I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Parents and Minors

While privacy in therapy is crucial to progress, parental involvement can also be essential. It is my policy to not provide treatment to a child age 13 or under unless she/he agrees that I can share whatever information I consider necessary with a parent. For children age 14 or over, I request an agreement between the client and parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's written agreement, unless I feel that there is a safety concern - in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that may be made. At NO TIME will I discuss a child's treatment over the phone, email, or mail with any outside party that is not the custodial parent.

Your Rights

When it comes to your health care information, you have certain rights. You have the right to:

- Get an electronic or paper copy of your medical record. We will provide a copy or summary of your health information, usually within 30 days.
- Ask us to correct your medical record if you think that it is incorrect or incomplete.
- Request confidential communications in a specific way (ex. home or office phone).
- Ask us to limit what we use or share for treatment, care, or operations. If you pay out of pocket in full, you can ask us to not share information for payment or operations with your insurance company.
- Get a list of those with whom we've shared information for 6 years prior to the date of service.
- Get a copy of this privacy notice at any time and we will provide you a paper copy.
- Choose someone to act for you if you have given them a medical power of attorney or are your legal guardian.
- File a complaint with us if you feel that your rights have been violated. You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1-877-6966775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- For certain health information, you may tell us your choices about what you want us to share and with whom. If you are unable to tell us your choice (ex. unconscious), we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to human health or safety. We never share your information for marketing, sale of information, or sharing of notes without your written permission.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html