

SOLUTIONS THERAPY, LLC
NOTICE OF PRIVACY PRACTICES

Services: Services offered by Solutions Therapy, LLC/Jodie Robison, LPC-MHSP/LPCC/LMHC to adults 18 years of age and older.

Referrals: As a provider in the community, it is my obligation to provide you with information on resources that may assist you with your treatment should the need or desire arise.

Client/Patient: A “client” or “patient” is an individual, 18 years of age or older, who has engaged in the treatment services with Solutions Therapy, LLC staff.

Prior Client/Patient: A person will be considered to be a “prior client” or “prior patient” if that person at one point in time utilized the services of the LLC and has been discharged from treatment by the organization, or who has indicated in writing or verbally, that he/she/they no longer wishes to seek care at the organization.

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.**

Your Rights

You have the right to:

- Receive a copy of your records or a summary of such or otherwise review your records created by the company
- Request a correction to your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Get an electronic or paper copy of your medical record

**All requests for records must be made in writing*

For TN clients, you can ask to get an electronic or paper copy of your records, a summary of your records and other health information we have about you, or to review such records. [Tennessee Code § 63-2-101 \(2023\) - Release of medical records - Definitions :: 2023 Tennessee Code :: US Codes and Statutes :: US Law :: Justia](#)

Your records may be inspected by you, the client, to whom they relate, the client's attorney upon delivery of a written authorization from said client, the duly appointed executor or administrator of the deceased person's estate, or the attorney for such executor or administrator, upon delivery of a written authorization from such executor or administrator.

Upon a client's written request, or that of a legal representative of the client, records will be providedg in a timely manner (10 working days), to a client, other licensee or other specifically authorized person:

1. The opportunity to inspect that client's medical record, except in the circumstances described at 243 CMR [2.07](#)(13)(e);
2. A copy of such record, except in the circumstances described at 243 CMR [2.07](#)(13)(e);
3. A copy of any previously completed report required for third-party reimbursement.

However, a provider may deny the request to provide a client/patient access under the following circumstances and such decision is reviewable:

A licensed health care professional has determined in the exercise of professional judgment that:

- 1) The access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- 2) The protected health information (PHI) makes reference to another person (who is not a healthcare provider) and the access requested is reasonably likely to cause substantial risk of serious harm to such other person; or
- 3) The request is made by a client/patient's personal representative and providing access to the PHI by the personal representative is reasonably likely to cause substantial risk of serious harm to the individual or another person.

For KY clients, you, or your legal representative, have the right to see and get a copy of your medical record. Your health care provider usually must let you see your medical record or give you a copy of it no later than 30 days after they receive your request. This right is called the “right to access your medical record”. If your medical records are kept off site, your health care provider can take up to 60 days to respond to your request. If your provider cannot respond in 30 days (or 60 days if your records are kept off site), they can get one 30-day extension. Your provider must give you a written explanation for the delay and tell you the date they expect to respond. It should not take more than 90 days total to get a response to your request for your record. [Microsoft Word - KY Guide Final.doc \(cyrss.com\)](#)

Your health care provider as a covered entity, can deny your request to see or get a copy of your medical record, but only for a few reasons.

- 1) A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- 2) The record makes reference to another person (who is not a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such person; or
- 3) The request is made by the individual’s personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that providing access to the representative is reasonably likely to cause substantial harm to the individual or another person (45 CFR 164.524(a)(3)).

For MA clients, you have the right to receive a copy of your records. Copies will be provided within 30 days of receipt of a request. In addition, under the rule, an individual or the individual’s personal representative has a right to access their records in most cases, including for the purposes of both inspection and copying. (45 CFR 164.502(a)(2)(i); 45 CMR 164.524(c)(1)).

However, in certain cases, a covered entity can decline to provide such access to the record:

- 4) A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- 5) The record makes reference to another person (who is not a health care provider) and a licensed health care professional has determined, in the

- exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such person; or
- 6) The request is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that providing access to the representative is reasonably likely to cause substantial harm to the individual or another person (45 CFR 164.524(a)(3)).

Fees:

Fees for record copies are allowable by law and will be made via Stripe or similarly agreed upon method. Payment for records will be made prior to the provider sending the records.

TN: The fee for a copy of client records starts at \$20 for clients served in TN. The party requesting the records is responsible for payment of this fee, in addition to mailing costs (this does not apply to records associated with workers' compensation cases). For more information, please visit: [Tennessee Code § 63-2-102 \(2021\) - Costs of Reproduction, Copying or Mailing of Records :: 2021 Tennessee Code :: US Codes and Statutes :: US Law :: Justia](#)

KY: There is no charge to Kentucky clients for the first copy of your record. However, your health care provider may charge a copying fee of no more than \$1 per page if you request a second copy of your medical record. Your provider is also allowed to charge you the actual cost of postage if you have the copies sent to you. (KRS Chapter 216B; [Statute KRS 422.317](#)). Provider may be eligible to charge a fee for record copies sent to government organizations, but that fee would not be placed on the client.

MA: Massachusetts clients will be furnished a copy upon written request and a payment of a reasonable fee, which according to MA law, shall mean a base charge of not more than \$15 for each request for a hospital or clinic medical record; a per page charge of not more than \$0.50 for each of the first 100 pages of a hospital or clinic medical record that is copied per request; and not more than \$0.25 per page for each page in excess of 100 pages of a hospital or clinic medical record that is copied per request, except that no fee shall be charged to any applicant, beneficiary or individual representing said applicant or beneficiary for furnishing a record if the record is requested for the purpose of supporting a claim under the Social Security Act or any federal or state financial needs-based benefit program within thirty days of the request. (Title XVI, Chapter 111, Section 70
<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section70>

A provider may also charge an additional fee to cover the cost of postage, other priority mailing, and preparation of an explanation or summary of the hospital or clinic medical record if so requested.

Destruction of Medical Records:

TN: In cases of mental health records, all clients'/patients' records must be preserved for a minimum of ten (10) years after the termination of service (when the client/patient was discharged from the facility or ended treatment, whichever is later). Records of clients/patients or former clients/patients who were minors when they were discharged or when they ended their treatment should be preserved for ten (10) years after the client's/patient's eighteenth (18) birthday if applicable).

https://www.tn.gov/content/dam/tn/mentalhealth/documents/hipaa/HIPAA4.11_Preservation.pdf

KY: Kentucky state law requires many health care providers to keep your medical record for a specific period of time. Under most circumstances, providers must maintain a copy of your records for a period of 5 years from the date you were discharged (for exceptions to this see Section 2. Conditions of Participation, 5(b).

<https://apps.legislature.ky.gov/law/kar/titles/907/003/005/>

MA: Any part or portion thereof may be destroyed 7 years after the discharge or the final treatment therein of the client to whom it relates.

<https://www.mass.gov/doc/262-cmr-8-ethical-codes-and-standards-of-conduct/download>

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years (3 years for Part 2 program records) prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Redisclosure (164.508(a))

For Part 2 records, there is the potential for information subject to Part 2 program rules is redisclosed by the recipient and may no longer be protected

Get a copy of this privacy notice

You can ask for a paper or electronic copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian or representative, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

TN: You can complaint if you feel we have violated your rights by contacting us using the information on page 1.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

KY: You may be able to get answers to your questions about your rights under the HIPAA Privacy Rule from OCR, the federal agency in charge of enforcing the HIPAA Privacy Rule. OCR provides fact sheets for consumers and responses to frequently asked questions on its website <http://www.hhs.gov/ocr/hipaa/>. If you do not find your question answered here you can call OCR at 1-866-627-7748. This is a toll-free

number. OCR requests that you read their responses to frequently asked questions before you call this number.

You have the right to file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services if you believe your health care provider has violated your right to see, get a copy of, or amend your medical record. You can also file a complaint with the state agency that regulates your health care provider.

- Sue in state court for violations of your rights under state law. You have the right under Kentucky law to sue in state court to enforce your rights with respect to your medical record.
- You can file a complaint with the Office for Civil Rights, Health and Human Services (OCR). You can get detailed information about filing a complaint with OCR at: <http://www.hhs.gov/ocr/privacyhowtofile.htm> . You can file a complaint with your regional OCR office at: Office for Civil Rights U.S. Department of Health & Human Services 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323 (404) 562-7886; (404) 331-2867 (TDD) (404) 562-7881 FAX. [Microsoft Word - KY Guide Final.doc \(cyrss.com\)](#)
- We will not retaliate against you for filing a complaint.

MA: You may obtain information about filing a complaint by calling the Attorney General's Health Care Division Hotline at (888) 830-6277. You can also file a complaint online by visiting: <https://healthprofessionlicensing.mass.gov/public-complaints>.

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Disclosure of information to a health plan if:
 - The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and
 - The protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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 health or safety. In the case of emergency treatment, we will request that such health care provider not further use or disclose the information.).

Implementation specifications: Terminating a restriction. A covered entity may terminate a restriction, if:

- (i) The individual agrees to or requests the termination in writing;
- (ii) The individual orally agrees to the termination and the oral agreement is documented; or
- (iii) The covered entity informs the individual that it is terminating its agreement to a restriction, except that such termination is:

The covered entity must document a restriction in accordance with law.

This is only effective with respect to protected health information created or received after it has so informed the individual.

In the following cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising Communications:

You have the right to opt out prior to receiving a communication if your SUD records subject to Part 2 will be used for fundraising for the benefit of the Covered Entity.

This organization may share information with certain other covered entities, such as companies providing electronic health record services, mental health technology platforms, and practice management companies. It is understood that by signing this form you understand that each of these companies takes independent and joint precautions (e.g. 2-factor authentication) to ensure the privacy of persons securing services through Solutions Therapy.

We have the right to use and share (disclose) your information without your consent as we:

- Treat you

- Run our organization
- Bill for services rendered
- Help with public health and safety issues
- Comply with the law (such as when a client presents imminent danger to self or others, and in cases of reported child abuse)
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

A special note regarding Part 2 records:

The Federal Rule restricts the use of records and testimony in civil, criminal, administrative, and legislative proceedings against patients, conducted by a federal, state or local authority, against a patient, absent patient consent or a court order. This is expanded to the use of testimony that relays the content of such records and applies the provision to applications for a warrant. Absent patient consent or a court order, the final rule prohibitions on disclosures: 1) on the introduction into evidence of a record or testimony in any criminal prosecution or civil action before a federal or state court; 2) reliance on the record or testimony to form part of the records for decision or otherwise to be taken into account in any proceeding before a federal, state or local agency; 3) the use of such record or testimony by any federal, state, or local agency for a law enforcement purpose or to conduct any law enforcement investigation; 4) the use of such records or testimony in any application for a warrant

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you in case of an emergency, without your consent; for other, non-emergent situations, with your consent.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities (e.g. BCBSTN, Tricare, and/or or entities such as ALMA through we are credentialed to provide treatment).

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways without your written authorization – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Do research

Your records would only be used for research if you provide express written consent.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law (Part 2 information will be de-identified when and how required by HIPAA Privacy Rule. Note that de-identified information is not protected health information and HIPAA and Part 2 rules do not apply and can be disclosed without patient permission)

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**If a use or disclosure for any purpose described in the sections above surrounding use and disclosure is prohibited or materially limited by other applicable law, such as 42 CFR part 2, the description of such use or disclosure must reflect the more stringent law as defined in § 160.22.*

In the case of substance use disorder (SUD) treatment records received from programs subject to 42 CFR part 2 or testimony relaying the content of such records, the content of these records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested records is used or disclosed.

It is prohibited under SS 164.502(a)(5)(iii) to use and disclose reproductive health care information to investigate or impose a liability on anyone for seeking, obtaining, providing, or facilitating lawful reproductive care in states where it is legal (e.g. fertility treatment, STI prevention/treatment))

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

For more information about Solutions Therapy, LLC privacy practices, you may contact Jodie Robison at 931-221-9962 or jodie@solutionstherapyllc.com.

Effective Date of this Notice: December 31, 2025

Get Help

Call Solutions Therapy, LLC/Jodie Robison at (931) 221-9962

By adding his/her/their name, signature, and date below, client(s) acknowledge receipt of these privacy practices by provider.

Printed Name: _____

Signature: _____

Date: _____