

**NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (HIPAA) is a regulation that insures the privacy and security of an individual's health information. This notice describes how medical information about you may be used and disclosed.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes information about privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide "call coverage" for your health care provider.

**YOUR HEALTH INFORMATION**

This notice applies to information and records we have about you and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose information about you and describes your rights and our obligations regarding the use and disclosure of that information.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** We may use or disclose information about you to provide, coordinate, or manage your health care and related services. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care such as coordinating with another health care provider, or communicating with your insurance company.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health information about a service you received here so our health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover treatment.

**Business Associates:** We may share your protected health information with a third party "business associate" that performs various activities (e.g., transcription services or supervision). Whenever an arrangement between Counseling for New Dimensions, LLC and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms protecting the privacy of your protected information.

**Appointment Reminders or Scheduling:** We may contact you as a reminder that you have an appointment or we may need to contact you to schedule or re-schedule an appointment.

Please notify us in writing if you do not wish to be contacted or if you have an alternative place of contact.

**SPECIAL SITUATIONS**

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We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent serious threat to your health and safety or the health and safety of the public or another person.

**Required by Law:** We will disclose health information about you when required to do so by federal, state or local law.

**Research:** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or who will be involved in your care at the office.

**Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability, or report suspected abuse or neglect, non-accidental injuries, reactions to medications or problems with products.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor health care systems, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection.

**NOTICE OF PRIVACY PRACTICES**

**Family and Friends (cont.):** In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only information relevant to the person's involvement in your care.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purposes other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization* in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reason covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment or payment, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have rights regarding health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to us in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. The written request will be attended to within 60 days of receipt (additional time may be needed if the records are off-site or other circumstances exist). We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Amend:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to us. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) Is accurate and complete.

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**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of health information about you for the purpose other than treatment, payment and health care operations. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. To obtain this list, you must submit your request in writing to us. It must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. We will notify you of the costs involved in providing you with this accounting and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction of limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. *Your request must be in writing and state the specific restriction(s) requested, to whom you want the restriction to apply, and the effective date.*

**We are Not Required to Agree to Your Request:** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about your treatment in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. *This request must also be in writing. We will accommodate all reasonable requests. Your request must specify an alternative as to how or where you wish to be contacted.*

**Right to Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact our office.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office and/or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact us by phone at 317-571-0171. You will not be penalized for filing a complaint.