

## 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.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It describes how we may use or disclose your protected health information. This notice also describes your rights to access and amend your protected health information. "Protected health information" (PHI) includes information that we have created or received regarding your physical, behavioral or mental health or payment for these services. It includes both your medical information and personal information such as your name, social security number, address, and phone number. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding medical information we maintain about you:

- **RIGHT TO INSPECT AND COPY** You have the right to inspect and copy medical information that may be used to make decision about your care, whether they are decisions about your treatment or information, we may charge a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access.
- **RIGHT TO AMEND** For as long as we keep the records about you, you have the right to request that we amend any health information used to make decisions about your care, whether they are decisions about your treatment or payment for your care. Requests for an amendment must be submitted in writing, telling us why you believe the information is incorrect or inaccurate. While we accept requests for amendments, we are not required to amend the record.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURE** You may request that we provide you with an accounting of disclosures we have made of your health information. This right applies to disclosures made for purposes other than treatment, payment, and health care operations as described in this Notice of Privacy Practices. You must submit your request in writing. The request should state the time period for which you wish to receive an accounting and should not be longer than six years and not include dates prior to October 2017. The first accounting you request within a twelve-month period

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- will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before you incur any costs.
- **RIGHT TO REQUEST RESTRICTIONS** You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing. In your request, you must tell us what information you want restricted, whether you want to restrict our use, disclosure or both, to whom you want the restriction to apply, for example, disclosure to a family member, and expiration date of the restriction. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.
  - **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or specify whether messages can be left or not. All mailings that we send will be in plain envelopes with our street address only and will not identify Close Reach Counseling, PLLC as the sender.
  - **RIGHT TO A PAPER COPY OF THIS NOTICE** You have the right to a paper copy of this privacy notice at any time.

#### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR AUTHORIZATION

Except in the situations listed below, we will use and disclose your PHI only with your written authorization. In some situations, federal and state laws provide special protections for substance abuse and HIV information and require specific authorization from you before disclosure. In these situations, we will contact you for the necessary information. If you sign an authorization, you may revoke it any time in writing, although this may not affect information that we disclose before you revoked the authorization. This PHI is strictly confidential and released only in conformance with the requirements of state and federal law.

#### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

- **TREATMENT** We may disclose your PHI to counselors who provide you with services or are involved in your care such as medication prescribers or personal health care providers. For example, I may need to disclose information to the physician who is prescribing mental health medications to you.

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- **EMERGENCIES** I may use and disclose your PHI in an emergency treatment situation. For example, to help you avert a crisis, we may share information with the Care Crisis Line.
- **BILLING/PAYMENT** We may use or disclose your protected health information without your authorization to bill you, your insurance company or a third party for services provided to you. For example, we may need to give your health plan information about services received in order to obtain prior approval, request an extension on the original authorization for services, and/or determine whether your plan will cover a certain treatment.
- **CLINIC OPERATIONS** Close Reach Counseling, PLLC may use your PHI to review and improve our quality of treatment and/or services or disclosure information to other therapists for consultation and learning purposes. In all cases, we will treat your PHI with respect, confidentiality and adherence to all rights as outlined in this Notice of Privacy Practices.
- **AS REQUIRED BY LAW** We may disclose your protected health information when required to do so by federal, state or local law. We also may disclose your PHI in response to a subpoena, discovery request, or other lawful process. For example, if you are involuntarily committed, the hospital may request your PHI.
- **PUBLIC HEALTH ACTIVITIES** We may disclose PHI to authorized public health and safety personnel in order to prevent or control disease, injury or disability, or otherwise assist in disaster relief efforts.
- **HEALTH OVERSIGHT ACTIVITIES** We may disclose your PHI to health oversight agencies for certain activities such as audits, examinations, investigations, inspections and licensure.
- **LAW ENFORCEMENT** We may disclose your PHI when the law requires that we report information about victims of abuse, neglect or domestic violence, or when ordered in a judicial or administrative proceeding.
- **MILITARY** If you are a member of the armed forces, we may disclose your health information as required by military command authorities.
- **CORRECTIONAL FACILITIES** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may disclose health information about you to the correctional institution or law enforcement officials
- **WORKERS' COMPENSATION** We may disclose health information about you to comply with the Workers' Compensation Law.
- **NEXT OF KIN, ATTORNEY, GUARDIAN, OR CONSERVATOR** We may use or disclose your health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your location or general condition in cases of emergency. For example, if you are in an emergency situation, I may disclose your health information to your next of kin, guardian or conservator in order to assist in your safety or care.

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- APPOINTMENT REMINDERS We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment services at our clinic.
- TREATMENT ALTERNATIVES AND SERVICES We may use and disclose your PHI to tell you about or recommend possible treatment options that may be of interest to you. For example, we might send you a letter identifying a recommended treatment service.
- CORONERS AND FUNERAL DIRECTORS We may disclose your PHI to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may disclose PHI to funeral directors as authorized by law.

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right 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. The notice will contain on the first page the effective date. In addition, each time you are admitted for outpatient treatment, we will offer you a copy of the current notice in effect.

#### QUESTIONS OR COMPLAINTS

If you have general questions or complaints about this notice or would like an additional copy, you may speak with your therapist. If you believe your privacy rights have been violated or you disagree with a decision we made about access to your PHI, you may contact or submit your complaint in writing. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.