

# **HIPAA PRIVACY NOTICE**

## **Policies and Practices to Protect the Privacy of your Health Information**

**IN COMPLIANCE WITH THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), THIS NOTICE DESCRIBES HOW BEHAVIORAL, PSYCHOLOGICAL, AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

We are required by applicable federal and state law to maintain the privacy of your behavioral, psychological, and medical healthcare information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your behavioral, psychological, and medical healthcare information. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect on 10/20/2020. This updated and revised notice takes effect on 09/30/2023 and will remain in effect until we replace it. **PLEASE REVIEW IT CAREFULLY.**

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all behavioral, psychological, and medical healthcare information that we maintain, including information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice

### **Privacy Policy and Forms**

Protecting your privacy and ensuring confidentiality are essential elements of receiving behavioral healthcare. Our overall privacy practices are described in detail on this page. Please contact us if you have any questions regarding issues pertaining to privacy and/or confidentiality. Clients may authorize us to disclose their protected health information by completing and signing an appropriate authorization form. We provide these forms in our office; you can also access these forms in your patient portal and download these forms from this site.

### **Definitions**

#### **Honest Counseling & Psychological Medicine and Affiliates Covered by this Notice**

This notice applies to the privacy practices of the organization listed below, with the sites they maintain for delivery of behavioral, psychological, and medical health care products and services. As such, your behavioral, psychological, and medical healthcare information may be shared with members of the organization as needed for treatment, payment, or behavioral health care operations relating to our organized health care arrangement.

Unless otherwise specified, Honest Counseling & Psychological Medicine., or pronouns such as “We,” “Us,” or “Our”, refers to the above-named practice including all behavioral, psychological, and medical healthcare professionals who treat you at any of our locations including but not limited to all our employees, staff, students, volunteers, independent contractors, business associates and their contractors.

#### **“You”**

Refers to the patient or the patient’s legally authorized personal representative.

# HIPAA PRIVACY NOTICE

## Policies and Practices to Protect the Privacy of your Health Information

### Protected Health Information (PHI)

Information in your health record that could identify you. With certain limited exceptions, PHI is generally defined as information that identifies an individual or that reasonably can be used to identify an individual, and that relates to the individual's past, present, or future health or condition, healthcare provided to the individual, or the past, present, or future payment for healthcare provided to the individual.

### Use

Applies to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. As such, your behavioral, psychological, and medical healthcare information may be shared with members of the organization as needed for treatment, payment, or behavioral, psychological, and medical health care operations relating to our organized health care arrangement.

### Disclosure

Applies to activities outside our practice, such as releasing, transferring, or providing access to information about you to other parties.

### Authorization

Your written permission to disclose confidential mental health information.

## I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your Protected Health Information (PHI), for:

<p><b>Treatment:</b> When we provide, coordinate, or manage your health care and other services related to your health care. Example: A counselor who has evaluated you may need to tell your family doctor that you have an anxiety disorder that is affecting your sleep or that may be causing your stomach aches or headaches. A therapist who is treating you may need to tell your psychiatrist that you are experiencing a manic episode so that the psychiatrist can adjust your medications.</p> <p><b>Payment:</b> When we obtain reimbursement for your healthcare. Examples: We may disclose your PHI to your health insurer to obtain preauthorization for your treatment or to obtain reimbursement for your health care. We may disclose limited PHI to a collection agency to collect payment for a delinquent balance.</p> <p><b>Regular Healthcare Operations:</b> We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance/improvement activities, business-related matters such as audits/administrative services, case management, receiving and responding to patient complaints, therapists'</p>	<p><b>Health Oversight Activities:</b> We may disclose protected health information to federal or state agencies that oversee our activities.</p> <p><b>Law Enforcement:</b> We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example, in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.</p> <p><b>Military and Veterans:</b> If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.</p> <p><b>Lawsuits and Disputes:</b> We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process. Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# HIPAA PRIVACY NOTICE

## Policies and Practices to Protect the Privacy of your Health Information

reviews, compliance programs, business planning, development, management and administrative activities. We may use outside individuals or companies (business associates) to perform services for us (e.g., scanning, accounting, legal, technology, and test scoring services). We require these business associates to safeguard your health information.

**Appointment Reminders:** We may use and disclose protected health information to contact you to provide appointment reminders.

**Treatment Alternatives:** We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition, or death.

**Business Associates:** There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an

official. An inmate does not have the right to the Notice of Privacy Practices.

**Abuse or Neglect:** We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Fund raising:** Unless you notify us you object, we may contact you as part of a fund raising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund raising material you receive.

**Coroners, Medical Examiners, and Funeral Directors:** We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

**Public Health Risks:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury, or disability.

**Serious Threats to Health or Safety:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you, a person or the public. We will disclose the PHI to the appropriate individuals, which may include but is not limited to family members, police, or the individual at risk of harm. For example, if you tell your therapist that you plan to poison your spouse, we may notify your spouse as well as law enforcement. If you lose consciousness or become injured while at our practice, we will seek medical care for you and disclose any necessary PHI (e.g., that you have diabetes or a heart condition).

**Food and Drug Administration (FDA):** As required by law, we may disclose to the FDA

# HIPAA PRIVACY NOTICE

## Policies and Practices to Protect the Privacy of your Health Information

organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.  <b>Worker's Compensation:</b> We may release protected health information about you for programs that provide benefits for work related injuries or illness. Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.	health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.  <b>Research:</b> We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### II. Other Uses and Disclosures Requiring Authorization

Honest Counseling & Psychological Medicine may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained unless required by law (see section IV). Psychotherapy notes are different from and not included in PHI and include notes that have been made about the content of an individual, group, joint, or family therapy session. We will obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

### III. Revocation of Authorization

You may revoke all or any authorizations of PHI and/or psychotherapy notes at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that 1) we have relied on that authorization; or 2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim.

### IV. Uses and Disclosures without Authorization

We may use and disclose your PHI to contact you about appointments, treatment, or other communications. We may contact you by any method you provide to us, which may include mail, telephone, or email.

**When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law.**

This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

### V. Patient's Rights and Our Duties

#### **Patient's Rights:**

You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

# **HIPAA PRIVACY NOTICE**

## **Policies and Practices to Protect the Privacy of your Health Information**

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know you are seeing a mental health professional. At your request, we will send your bills to another address.

You have a right to inspect and/or obtain a copy of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances. In some cases, you may have this decision reviewed. You may be denied access to psychotherapy notes if we believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. We will notify you or your representatives if we do not grant complete access. On your request, we will discuss with you the details of the request and/or denial process.

You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

You generally have the right to receive an accounting of disclosures of PHI. Upon your request, we will discuss with you the details of the accounting process.

You have the right to obtain a paper copy of this notice from us.

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket for our services.

You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

### **Our Duties:**

We are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you following a breach of unsecured PHI.

We are required to comply with the provisions of this notice and only use and/or disclose your health information as described in this notice.

We will explain how, when, and why we use and/or disclose your health information.

We reserve the right to change the privacy policies and practices described in this notice and to make the new notice provisions effective for all PHI we maintain. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect (as described in this document). If we revise this notice, the new notice will be effective

If we revise the terms of this notice, we will provide you with a revised notice in writing either by mail or in person during a regularly scheduled appointment, post it at our office, and upload it to our website.

# **HIPAA PRIVACY NOTICE**

## **Policies and Practices to Protect the Privacy of your Health Information**

### **VI. Questions and Complaints**

If you have questions about this notice, disagree with a decision we make about access to your records, or have concerns about your privacy rights, you may contact our Privacy Officer at Honest Counseling & Psychological Medicine directly by phone at (256) 364-2144, or in writing at [admin@honestcounseling.com](mailto:admin@honestcounseling.com).

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to the address provided above. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

U.S. Department of Health and Human Services

Office of the Secretary

200 Independence Avenue, S.W.

Washington, D.C. 20201

Tel: (202) 619-0257

Toll Free: 1-877-696-6775

<http://www.hhs.gov/contacts>