

HIPAA Notice of Patient Privacy Practices

Effective Date: January 1, 2014

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Network of Independent Practitioners at InSight Counseling, LLC take the importance of your privacy very seriously. Please read this form carefully and feel free to ask your clinician any questions regarding your rights.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

Your independent practitioner understands that protected health information about you and your health is personal. She/ he is committed to protecting health information about you. This Notice applies to all of the records of your care generated by your independent practitioner.

This Notice will tell you about the ways in which your independent practitioner may use and disclose protected health information about you. It also describes your rights and certain obligations your individual practitioner has regarding the use and disclosure of protected health information. The law requires your independent practitioner to:

- make sure that protected health information that identifies you is kept private;
- notify you about how she/he protects protected health information about you;
- explain how, when and why she/he uses and discloses protected health information;
- follow the terms of the Notice that is currently in effect.

Your independent practitioner is required to follow the procedures in this Notice. She/he reserves the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that she/he maintains by:

- posting the revised Notice in the office
- making copies of the revised Notice available upon request;
- posting the revised Notice on the Web site.

HOW YOUR INDEPENDENT PRACTITIONER MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that your independent practitioner may use and disclose protected health information without your written authorization.

For Treatment. She/he may use protected health information about you to provide you with, coordinate, or manage your medical treatment or services. She/ he may disclose protected health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you.

Your independent practitioner's staff may also share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. She/ he also may disclose protected health information about you to people outside the office who may be involved in your medical care, such as clergy or others she/ he use to provide services that are part of your care.

She/ he may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the office. She/ he may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

For Payment for Services. Your independent practitioner may use and disclose protected health information about you so that the treatment and services you receive at the office may be billed to and payment may be collected from you, an insurance company or a third party. For example, she/ he may need to give your health plan information about nutrition services you received at so your health plan will pay your practitioner or reimburse you for the service. She/ he may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. Your independent practitioner may use and disclose protected health information about you for health care operations, such as our quality assessment and improvement activities, case management, coordination of care, customer services and other activities. These uses and disclosures are necessary to make sure that all of patients receive quality care.

For example, your independent practitioner may use protected health information with other independent practitioners at InSight Counseling for consultation, review and learning purposes. She/ he may remove information that identifies you from this set of protected health information so others may use it to study treatment approaches without learning who the specific patients are.

Subject to applicable state law, in some limited situations the law allows or requires your independent practitioner to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at this Center.

As Required By Law. Your independent practitioner will disclose protected health information about you when required to do so by federal, state or local law.

Research. She/ he may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information

Health Risks. She/ he may disclose protected health information about you to a government authority if she/ he reasonably believes you are a victim of abuse, neglect or domestic violence. She/ he will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and

she/ he believes it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, she/ he may disclose your information in response to a court or administrative order. She/ he may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by your independent practitioner or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates. She/ he may disclose information to business associates who perform services on our behalf (such as billing companies;) however, she/ he requires them to appropriately safeguard your information.

Public Health. As required by law, she/ he may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

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

Health Oversight Activities. Your independent practitioner may disclose protected health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement. Your independent practitioner may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. She/ he may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

Organ and Tissue Donation. If you are an organ donor, your independent practitioner may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Special Government Functions. If you are a member of the armed forces, your independent practitioner may release protected health information about you if it relates to military and veterans activities. She/ he may also release your protected health information for national security and intelligence purposes, protective services for the President, and medical suitability or determinations of the Department of State.

Coroners, Medical Examiners, and Funeral Directors. Your independent practitioner may release protected health information to a coroner or medical examiner. This may be

necessary, for example, to identify a deceased person or determine the cause of death. She/ he may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Correctional Institutions and Other Law Enforcement Custodial Situations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, your independent practitioner may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.

Worker's Compensation. Your independent practitioner may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Food and Drug Administration. Your independent practitioner may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, your independent practitioner may use or disclose protected health information about you in the following circumstances:

She/ he may share with a family member, relative, friend or other person identified by you protected health information directly relevant to that person's involvement in your care or payment for your care. She/ he may also share information to notify these individuals of your location, general condition or death.

She/ he may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, she/ he may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to your independent practitioner at InSight Counseling listed on page 1 of this Notice.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

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

Right to Inspect and Copy. You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing *to your independent practitioner*. If

you request a copy of the information, She/ he may charge a fee for the costs of copying, mailing or other supplies associated with your request, and she/ he will respond to your request no later than 30 days after receiving it. There are certain situations in which she/ he are not required to comply with your request. In these circumstances, she/ he will respond to you in writing, stating why she/ he will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend. If you feel that protected health information your independent practitioner has about you is incorrect or incomplete, you may ask us to amend or supplement the information.

To request an amendment, your request must be made in writing and submitted *to your independent practitioner at InSight Counseling*. In addition, you must provide a reason that supports your request. She/ he will act on the your request for an amendment no later than 60 days after receiving the request.

Your independent practitioner may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, she/ he may deny your request if you ask to amend information that:

- Was not created by your independent practitioner, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by your independent practitioner;
- Is not part of the information which you would be permitted to inspect and copy;
- or
- Your independent practitioner believes is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures your independent practitioner made of protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to your independent practitioner. You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). The first list you request within a 12-month period will be free. For additional lists, she/ he may charge you for the costs of providing the list. She/ he are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or request by you, or that you authorized
- Occurring as a byproduct of permitted use and disclosures

For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates

As part of a limited data set of information that does not contain information identifying you

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information your independent practitioner uses or discloses about you for treatment, payment or health care operations or to persons involved in your care. Your independent practitioner is not required to agree to your request. If she/ he does agree, she/ he will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described above. To request restrictions, you must make your request in writing to your independent practitioner.

Right to Request Confidential Communications. You have the right to request that your independent practitioner communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that she/ he only contact you at work or by mail.

To request confidential communications, you must make your request in writing to your independent practitioner. She/ he will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at any time by contacting your independent practitioner.

OTHER USES AND DISCLOSURES

Your independent practitioner will obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, she/ he will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with your independent practitioner or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint.

If you file a complaint, she/ he will not take any action against you or change our treatment of you in any way.

Please bring this page signed to your clinician at your first appointment. Thank you.

Your signature below serves as an acknowledgement that you have received a printed copy of the HIPAA Notice of Privacy Practices.

Patient Signature

Date

Signature of Parent or Guardian

Date