



NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law enacted to ensure the privacy and security of a consumer's Protected Health Information (PHI). PHI is individually identifiable health information that is transmitted or maintained in any form or medium. Some examples of PHI include an individual's name, social security number, address, and date of birth. Family Legacy Counseling (counselors, nurse practitioner, administration staff and office manager, heretofore referred to as "we") is required by law to protect the privacy of your mental health information. We are also required to send you this notice which explains how we may use information about you and when we can give out or "disclose" that information to others.

The terms "information" or "health information" in this notice include any personal information that is created or received by a mental health care provider that relates to your mental health and/or that of your child(ren), the provision of mental health care to you, or the payment of such care.

In agreeing to be a client of Family Legacy Counseling, this indicates that you understand that we may use your PHI within our office in order to facilitate your treatment, for billing/payment/insurance purposes, and for ongoing operations of the office in its commitment to providing professional services to you.

We have the right to change our privacy practices. If we do, we will post the revised notice on our Family Legacy Counseling website. www.familylegacycounseling.com.

HOW WE USE OR DISCLOSE INFORMATION

We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you;
- Where required by law.

We have the right to use and disclose health information to operate our business. For example, we may use your health information:

- For appointment reminders: We may use health information to contact you for appointment reminders using phone and email information you have provided.
- To persons involved with your care: We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency or when permitted by law.
- For reporting victims of abuse, neglect, or domestic violence to government authorities: including a social service or protective service agency.
- For judicial or administrative proceedings: such as in response to a court order, search warrant or subpoena.
- For law enforcement purposes: such as providing limited information to locate a missing person.
- To avoid a serious threat to health or safety: by disclosing information to public health agencies, for example.
- For specialized government functions: we may use and disclose your health information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances, for your health and the health and safety of other individuals.

Uses and Disclosures in which you have the right to object and opt out of by written consent:

- Communication with family and/or individuals involved in your care or payment of your care: Disclosure of your Protected Health Information may be made to a family member, friend, or other individual involved in your care for access to dates of service to make payment of your care or scheduling and cancelling appointments on your behalf, in which you have identified. (EX: Spouse/Parent making or cancelling appointments on behalf of client, Spouse/Parent paying account balance on behalf of client, etc.)
- In order to receive payment from a third party payer for services we provide to you: billing that you are aware of, we may disclose the minimum necessary information, such as dates of service, to receive payment. (EX: Church/Employer paying for visits/co pays, etc.)

If none of the above reasons applies, **then we must get your written authorization to use or disclose your and/or your child's health information**. The dated Release of Information specifies what information may be disclosed and its expiration. Your written authorization to disclose your health information would apply in the following situations:

- For treatment: information from other family members, referring physicians, other mental health counselors, or physicians to whom we may refer you. This information may be shared via phone consultation, in person, by fax or direct mail.
- If a use or disclosure of health information is prohibited or materially limited by other applicable law: it is our intent to meet the requirements of the more stringent law.

Electronic Protected Health Information: The Security Rule protects a subset of information covered by the Privacy Rule, which is all individually identifiable health information a covered entity creates, receives, maintains or transmits in electronic form. The Security rule calls this information “electronic protected health information” (E-PHI). The Security Rule does not apply to PHI transmitted orally or in writing.

To protect your health information records:

- Information requested by referring or referred physicians or other mental health counselors may be shared in summary form rather than in case note form when possible. Information from your Nurse Practitioner will usually be provided as documented.
- Appointment reminders will only be left with home phone/cell phone/emails that are provided by you.
- Mental health records are stored in both electronic and written form for you or your child’s clinician.
- Mental health records are stored electronically, and/or written files in locked file cabinets.
- After seven years of appointment inactivity, written health information records are shredded or burned; electronic records are deleted.
- **Breach Notification Purposes:** If, for any reason, there is an unsecured breach of your Protected Health Information, we will utilize the contact information you have provided us to notify of the breach as required by law. In addition, your Protected Health Information may be disclosed as a part of the breach notification and reporting process.

HIGHLY CONFIDENTIAL INFORMATION

Federal and applicable state laws may require special privacy protections for highly confidential information about you. “Highly Confidential Information” may include confidential information under Federal Law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:

- (1) Treatment of mental health and developmental disabilities; (2) alcohol and drug abuse prevention and treatment; (3) HIV/AIDS testing; (4) venereal disease(s); (5) genetic testing; (6) child abuse and neglect; (7) domestic abuse of an adult with a disability; or (8) sexual assault.

YOUR RIGHTS

The following are your rights with respect to your health information:

- **You have the right to ask to restrict uses or disclosures** of your information for treatment, payment, or health care operations. You also have the right to ask in writing to restrict disclosures to family members or to others who are involved in your health care or payment of your health care. We may also have policies on dependent access that may authorize certain restrictions. *Please note that while we try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restrictions.*
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address).
- **You have a right to see and obtain a summary copy** of health information that may be used to make decisions about you, such as claims.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time.

EXERCISING YOUR RIGHTS

If you have any questions about this notice, please call Family Legacy Counseling at 515-727-1338.

If you wish to file a complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/), call

(Toll free 800-368-1019), or mail to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Ave S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201