

Notice of Privacy Practices

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 THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or related health care services is referred to as Protective Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including HIPAA Privacy and Security Rules, and state law. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, providing a copy to you at your next appointment, or sending it in the mail upon request.

How We May Use And Disclose Health Information About You

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordination, or managing your healthcare treatment and related services. This included consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility of coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to a lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Healthcare Operations. We may use or disclose, as needed, your PHI in order to support our business activities including but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or electronic health records services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures in the following situations:

Investigation or Legally Required: We may disclose your PHI to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. Additionally, we may disclose your PHI requested by a legitimate court order or if we are required to defend our practice in the course of investigation and/or lawsuit.

Child Abuse or Neglect: In the event that we have reasonable suspicion of active Child Abuse or Neglect, we may disclose your PHI to a state or local agency that is authorized by law to receive such reports.

Harm to Self or others: In the event you voice a serious and imminent threat to the safety and/or wellbeing of yourself or others, we may disclose your PHI to law enforcement, other health professionals, friends/family, and/or intended victim only to the extent necessary to ensure the safety of you or others.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing at any time, except to the extent that we have already made a use or disclosure based upon your authorization. Psychotherapy (or process) notes that are kept separated from the rest of your medical record will be only disclosed with specific, written authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Steadfast Counseling at diana@steadfastcounseling.org or Steadfast Counseling, PO Box 82, Hometown, IN 46748

- **Right of access to inspect and copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations in which there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. We are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosure we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation of the use or disclosure of your PHI or treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or healthcare operations, and the PHI pertains to a healthcare item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to request confidential communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or the specification of an alternative address or another method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with us at diana@steadfastcounseling.org or Steadfast Counseling, PO Box 82, Hometown, IN 46748 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

The effective date of this Notice is May 2022.