

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. PLEASE REVIEW IT CAREFULLY.

Your Mental Health Record Information and Our Responsibilities

Each time that you visit Healing Grace Counseling Center, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, diagnoses, treatment, plan for future care or treatment, and charges for the services you receive.

We understand that information about you and your health is personal. Our therapists are committed to protecting the privacy of this information. Office staff is also committed to protecting the privacy of information necessary for billing your insurance. The federal privacy standard requires us to take the following measures:

- Implement reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.

Our primary responsibility is to safeguard your personal health information. We are required by law to give you this notice and follow the terms of this notice while in effect. It will tell you about the ways in which we may use and disclose protected health information about you and describes *your* rights and our responsibilities regarding the use and disclosure of that information.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of the health care provider who completed the records, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. We do not, however, have to agree to the restriction. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

- Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
- Information that is copyright protected, such as certain raw data obtained from testing.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- A licensed health care professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you must do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
 - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of disclosures of your health information, those other than for treatment, payment, and health care operations.
 - We do not have to provide a list for uses and disclosures that are over six years old.
 - The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.
- Revoke your consent or authorization to use or disclose health information except to the extent that we have acted in reliance on the consent or authorization.

Examples of Disclosures for Treatment, Payment, and Health Care Operations

With your written acknowledgement of our information privacy practices, we are allowed to use your health information for:

- **Treatment**
We may use health information about you to provide you with mental health treatment or services. We may disclose information to doctors, nurses, therapists, counselors-in-training, interns, or other personnel who are involved in your care.
- **Payment.**
We may use and disclose health information about you so the treatment and services you receive at Healing Grace may be billed to and payment collected from you, an insurance company, or third party. Note that some health information, such as substance abuse treatment information, may not be used or disclosed without your consent.
- **Health care operations.**
Members of the clinical staff, the compliance officer, or administrative staff may use information in your health record to assess the care and outcomes in your cases or investigation of complaints. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide. Note that some health information, such as substance abuse treatment information, may not be used or disclosed without your consent.
- **Appointment Reminders.**
We may use or disclose information to notify you as a reminder that you have an appointment for services at Healing Grace.
- **Communication with family.**
Unless you object, we, as health professionals, using our best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care.
- **Research.**
We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Funeral directors.**
We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.
- **Workers compensation.**
We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public health.**
As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Correctional institution.**
If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- **Law enforcement.**
We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

- **Health oversight agencies and public health authorities.**

If members of our work force or business associates believe in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of health.

- **The federal Department of Health and Human Services (“DHHS”).**

Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

- **Averting Serious Threat.**

We may disclose health information about you to:

- Prevent injury or death to yourself or others
- To report child abuse or neglect
- To report elder abuse or neglect

Changes to This Notice:

We reserve the right to change this notice and to make the revised or changed notice effective for protected health information we already have about you as well as information we receive in the future. We will post the new policy in our facility and on our website at www.healing-grace.com. You are entitled to a copy if requested.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services (DHHS). To file a complaint with our office, contact our Compliance Officer at 816-246-4465 extension 6. **You will not be penalized in any way for filing a complaint.** To file a complaint with the DHHS, contact:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C., 20201

Or call at 202-619-0257 or at the toll-free number 877-696-6775

Or e-mail at HHS.Mail@hhs.gov

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Summer Borgmann
Compliance Officer
Healing Grace Counseling Center