

# 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:**

I respect your privacy. I understand that your personal health information is sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

The law protects the privacy of the health information I create and obtain in providing my care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

## **Examples of Use & Disclosure of Protected Health Information for Treatment, Payment and Health Operations:**

### **For Treatment:**

I may provide information to others providing you care. This will help them stay informed about your care.

### **For Payment:**

I may request payment from your health insurance plan. Health plans need information about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.

### **For Health Care Operations:**

I may use and disclose your information to conduct or arrange for services, including: 1) medical quality review by your health plan; 2) accounting, legal, risk management, and insurance services; 3) audit functions, including fraud and abuse detection and compliance programs.

### **Your Health Information Rights:**

The health and billing records I create and store are the property of Freedom Counseling LLC. The protected health information in it, however, generally belongs to you. You have a right to: 1) receive, read, and ask questions about this notice; 2) ask me to restrict certain uses and disclosure in writing and I may not be required to grant the request; 3) request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information Notice 4) request that you be allowed to see and get a copy of your protected health information, in writing; 5) have me review a denial of access to your health information – except in certain circumstances; 6) ask me to change your health information and if your request is denied and it will be stored in your medical records; 7) request a list of disclosures of your health information outside of third-party payors 8) ask that your health information be given to you by another means or at another location requested by you in writing; 9) cancel prior authorizations to use or disclose health information by giving me written revocation for future disclosures.

**My Responsibilities:****I am required to:**

1) keep your protected health information private; 2) give you this Notice 3) follow the terms of this Notice. I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it.

**Other Disclosures and Uses of Protected Health Information:****I may use and disclose your protected health information without your authorization as follows:**

*For Public Health and Safety Purposes as Allowed or Required by Law:*

- 1) To prevent or reduce a serious, immediate threat to the health or safety of a person, or the public.
- 2) To Report Suspected Abuse or Neglect – to public authorities.
- 3) For Law Enforcement Purposes – such as when I receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- 4) For Specialized Government Functions – for example, I may share information for national security purposes.

*Other Uses and Disclosures of Protected Health Information.*

Uses and disclosures not in this Notice will be made only as allowed or required by law, or with your written authorization.

As a counselor I may be participating in a peer consultation group to continually improve my counseling skills. Any information shared during consultation will be discussed for professional purposes only and every effort will be made to protect the client's identity.

**Client Rights:**

You have the right to self-determination, a right to privacy concerning medical information and a right to participate in treatment decisions. As stated earlier, you have the right to be informed of your counselor's qualifications as well as the right to decline or accept any suggestions or therapeutic strategies. There are risks and benefits with all counseling, some risks are presenting symptoms/issues are not resolved, or they could worsen. It is possible that during counseling new symptoms could arise. If you ever feel counseling is not helping you, please talk with me. There are many options available that we can discuss. Termination of the counseling relationship will be made by you or by a collaborative decision between us both.

**Emergencies:**

If you have an *urgent situation*, which you feel needs immediate support and I am not available by phone, please contact crisis response at 509-783-0500, 911, or go to the nearest emergency room.

**Client Responsibilities:**

As a client you have the responsibility to set and keep appointments. Please understand that when you make an appointment, I am reserving that time for you. If you are late, there may or may not be a possibility of extending your session to give you your full time. Please give at least 24 hour notice, if you cannot keep an appointment. Or as soon as possible, if ill or have an emergency. Pay your fees in accordance with the schedule you pre-established with the counselor. Help plan your treatment goals and follow through with agreed upon goals. The client is responsible for his/her actions

when he/she refuses treatment or does not follow the practitioner's instructions. The client is responsible for following the facility's rules and regulations affecting client care and conduct. The client is responsible for being considerate of the rights of other clients and facility personnel. It is also your responsibility to keep your counselor informed of your progress towards meeting your goals and to terminate your counseling relationship before entering into an arrangement with another counselor.

**Complaints/Grievances:**

If you believe your privacy rights have been violated, you may discuss your concerns with me. You may also deliver a written complaint to my office. You may also file a complaint with the U.S. Secretary of Health and Human Services. I respect your right to file a complaint with me or with the U.S. Secretary of Health and Human Services. If you complain, I will not retaliate against you.

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