

# COMPREHENSIVE COUNSELING CONNECTIONS, PLLC

Effective Date: September 1, 2010

## **NOTICE OF PRIVACY PRACTICES**

This Notice describes the confidentiality of your medical information and the limited ways that medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We care about our patients' privacy and strive to protect the confidentiality of your medical information. Federal legislation requires that we issue this official notice of our privacy practices. You have the right to confidentiality of our medical information and we are required by law to maintain the privacy of that protected information. We are required to abide by the terms of this Notice of Privacy Practices and to provide you with notice of our legal duties and privacy practices with respect to protected health information you provide to us. If you have any questions about this notice, please ask your provider directly.

### **Who Will Follow This Notice**

Any health care professional authorized to enter information into your record, employees, staff and other personnel at this practice who may need access to your information must abide by this too. All business associates working with Comprehensive Counseling Connections, who share your personal health information, such as insurance or managed care companies, must follow these same privacy practices. When personal health information is shared, only the minimum necessary information needed to accomplish this task will be disclosed.

### **Uses and Disclosures of Protected Health Information Requiring Your Written Authorization**

In most cases, Comprehensive Counseling Connections may not use or disclose information in your health records that could identify you (Protected Health Information) without your written authorization except for the reasons described below. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provided you.

### **How We May use and Disclose Medical Information Without Your Authorization**

There are limited circumstances where an authorization is not needed for disclosure of personal information. Most, but not every possible use or disclosure category are listed below. This Notice applies primarily to information contained in your medical and billing records. More detailed and personal information contained in provider's "psychotherapy notes" are kept separately and are given an even greater degree of privacy and protection than the personal health information contained in your medical and billing records. As such, these would require written authorization even for the standard disclosure exceptions listed below.

### **For Payment**

We may use and disclose medical information about you without specific authorization so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. Example: We may release your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment. In most cases, insurance companies may review your medical record to verify services were rendered and were medically necessary in accordance with your insurance contract.

### **For Health Care Operations**

We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you, or share clinical information with other providers within Comprehensive Counseling Connections for consultation purposes in order to enhance that are provided to you.

## **Other Uses or Disclosures That Can Be made Without Consent or Authorization**

- To avert a serious threat to health or safety
- Child abuse or neglect
- Abuse of elderly or incapacitated adults
- Court ordered evaluations or information
- Health oversight activities, such as for federal enforcement of these privacy practices

We may, at our discretion, contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you without your specific release.

## **Your Rights Regarding Complaints Concerning use or Disclosure of Your Health Information**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services, who address will be provided to you at your request. All complaints must be submitted in writing.

## **Right to Request Restrictions**

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Comprehensive Counseling Connections is not required to automatically agree to a restriction you request if the provider is otherwise obligated to release that information. Your request must be in writing and specifically state what information you wish to limit.

## **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.**

You have the right to request and receive confidential communications of private health information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a provider at this practice. Upon your request, this practice will send your bills to another address, or arrange to call you only at work instead of home.

## **Right to Inspect and Copy**

You have the right to inspect or obtain a copy (or both) of private health information in this practice's mental health and billing records used to make decisions about you for as long as the information is maintained in the records. On your request, your provider will discuss with you the details of the request process.

## **Right to Amend**

You have the right to request an amendment of private health information as it is maintained in the record. Your provider may deny your request, if, in her opinion, it would compromise the accuracy of your medical information.

## **Right to an Accounting**

You generally have the right to receive an accounting of any disclosures of medical information. On your request, your provider will discuss with you the details of the accounting process.

## **Right to a Paper Copy**

You have the right to obtain a paper copy of this notice from your provider or the practice upon request, even if you have agreed to receive the notice electronically.

## **Changes to this Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our waiting room with the effective date in the upper right corner of the first page.

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Privacy Notice Presentation /Rights Summary

I have been given a copy of the Summary of Recipient Rights. I have read or had read to me and understand my rights as explained therein. I have been informed who the Rights Officer is and how to contact them. I am aware that there are complaint forms available upon request.

I have been given a copy of the Comprehensive Counseling Connections Notice. I have read or had read to me and understand my privacy rights.

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Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date