



Full Circle Counseling & Consulting, PLLC

NOTICE OF PRIVACY POLICIES

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.

When you receive treatment from Full Circle Counseling & Consulting, PLLC, they will obtain and/or create health information about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) the health care provided to you; and (3) the past, present, or future payment for your health care. The following notice tells you about their duty to protect your health information, your privacy rights, and how they may use or disclose your health information.

Therapist's Duties:

The law requires Full Circle Counseling & Consulting, PLLC to protect the privacy of your health information. This means that they will not use or let other people see your health information without your permission except in the ways they tell you in this notice. They will safeguard your health information and keep it private. This protection applies to all health information they have about you, no matter when or where you received or sought services. When you are in treatment, they will not allow any unauthorized person to interview, photograph, film, or record you without your written permission. They will not tell anyone if you sought, are receiving, or have ever received services, unless the law allows him to disclose that information.

They will ask you for your written permission (authorization or consent) to use or disclose your health information. There are times when they are allowed to use or disclose your health information without your permission, as explained in this notice. If you give them your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, they will not be liable for using or disclosing your health information before they knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to the office where you gave your permission, providing the date and purpose of the permission and saying that you want to revoke it.

They are required to give you this notice of legal duties and privacy practices, and must do what this notice says. They can change the contents of this notice and, if they do, they will have copies of the new notice at their office. The new notice will apply to all health information they have, no matter when they got or created the information. Their employees must protect the privacy of

your health information as part of their jobs. They do not let employees see your health information unless they need it as part of their jobs. They will punish employees who do not protect the privacy of your health information. They will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows them to disclose the information.

Federal law will not protect any information about a crime committed by you either at the therapist's office or against any person who works for them or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Your Privacy Rights

You can look at or get a copy of your health information. There are some reasons why Full Circle Counseling & Consulting, PLLC may not let you see or get a copy of your health information, and if they deny your request they will tell you why. You can appeal their decision in some situations. You can choose to get a summary of your health information instead of a copy. If you want a summary or a copy of your health information, you may have to pay a reasonable fee for it. You can ask them to correct information in your records if you think the information is wrong. They will not destroy or change your records, but will add the correct information to your records and make a note in your records that you have provided the information.

You can get a list of when they have given health information about you to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year. You can ask them to limit some of the ways they use or share your health information. They will consider your request, but the law does not require them to agree to it. If they do agree, they will put the agreement in writing and follow it, except in case of emergency. They cannot agree to limit the uses or sharing of information that are required by law. You can ask them to contact you at a different place or in some other way. They will agree to your request as long as it is reasonable. You can get a copy of this notice any time you ask for it.

Treatment, Payment, and Health Care Operations:

Full Circle Counseling & Consulting, PLLC may use or disclose your health information to provide care to you, to obtain payment for that care, or for their own health care operations. Health information about you may be exchanged between mental health contractors for purposes of treatment, payment, or health care operations, without your permission.

Treatment: They can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. Unless you ask them not to, they may contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

Payment: They can use or disclose your health information to obtain payment for providing health care to you or to provide benefits to you under a health plan such as the Medicaid

program. For example, they can use your health information to bill your insurance company for health care provided to you.

Health Care Operations: They can also use your health information for health care operations: Activities to improve health care, evaluating programs, and developing procedures; Case management and care coordination; Reviewing the competence, qualifications, performance of health care professionals and others; Conducting training programs and resolving internal grievances; Conducting accreditation, certification, licensing, or credentialing activities; Providing medical review, legal services, or auditing functions; and Engaging in business planning and management or general administration.

They are permitted by law to use or disclose your health information without your permission for the following purposes.

When required by law. They may use or disclose your health information as required by state or federal law.

To report suspected child abuse or neglect. They may disclose your health information to a government authority if necessary to report abuse or neglect of a child.

To address a serious threat to health or safety. They may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

For research. They may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.

To a government authority if the therapist thinks that you are a victim of abuse. They may disclose your health information to a person legally authorized to investigate a report that you have been abused or have been denied your rights.

To comply with legal requirements. They may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.

For purposes relating to death. If you die, they may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.

To your legally authorized representative (LAR). They may share your health information with a person appointed by a court to represent your interests.

In judicial and administrative proceedings. They may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires them to disclose it. Some types of court or administrative proceedings where they may disclose your health information are:

Commitment proceedings for involuntary commitment for court-ordered treatment or services.

Court-ordered examinations for a mental or emotional condition or disorder.

Proceedings regarding abuse or neglect.

License revocation proceedings against a doctor or other professional.

To the Secretary of Health and Human Services. They must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

COMPLAINT PROCESS:

If you believe that Full Circle Counseling & Consulting, PLLC has violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

You may also file a complaint with:
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(800) 368-1019 (toll free)

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.

You will not be retaliated against if you file a complaint.

Effective Date: April 14, 2003

I acknowledge receipt of this notice

Date: _____ Signature: _____

Client Name: _____