



Aspenwood Counseling and Behavior Center, Inc.

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Protected Health Information (PHI)

Notice of Privacy Practices:

We are committed to protecting the privacy of your Protected Health Information (PHI). The purpose of this notice is to inform you of the types of PHI we obtain about you, how it may be used, and how we protect that information. We follow strict federal and state laws that require us to maintain the confidentiality of your personal health information.

What is personal information?

We treat any information that is identifiable to you as your personal information, even though it may be otherwise available to the public from other sources. We collect personal information related to you;

- Health condition, including health care treatment and financial information
- Identity, such as your name, date of birth, age, address, social security number, insurance.

Why do we collect your personal information?

- To help us determine where your appointment should be scheduled
- To help us keep records of the care and service provided you
- To help us bill your insurance for services provided
- To help us evaluate the quality of treatment and services provided

We may also use your health information to:

- Recommend treatment alternatives
- Tell you about health services and products that may benefit you
- Share information with family or friends involved in your care or payment for your care
- Share information with third parties who assist us with treatment, payment, and health care operations. Our business associates must follow our privacy practices.

To who do we disclose your personal information?

We will not disclose your PHI unless we are allowed or required by law to make the disclosures, or if you give us permission. Following are some examples of disclosures we make as allowed or required by law:

- To health care providers (doctors and others who provide care) in connection with your treatment.
- Your insurance company on your behalf to process claims for services provided here
- To response to legal requests such as a subpoena.
- To a business associate that is contracted to protect a client's health information and agrees to protect that right to the extent necessary under federal and state law.
- For public health purposes such as reporting communicable disease, work-related illness, or other disease and injuries permitted by law; and reporting reactions to drug and problems with medical devices,
- To protect victims of abuse, neglect or domestic violence
- For health oversight activities such as investigation, audits and inspections
- For lawsuits and similar proceedings
- When otherwise required by law
- When requested by law enforcement as required by law or court order
- To reduce or prevent a serious threat to the public health and safety
- For workers' compensation or other similar programs if you are injured at work

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

Protected Health Information (PHI) - continued

How do we protect your PHI?

We protect your PHI by:

- Treating all your PHI that we collect as confidential
- Stating confidentiality policies and practices, as well as disciplinary measures for privacy violations, in our employee handbook
- Restricting access to your personal information to only those employed who need to know in order to provide services to you
- Disclosing only the PHI that is necessary for a service company to perform its function on your behalf, and only when the company agrees to protect and maintain the confidentiality of your PHI
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI

Our privacy responsibilities:

We are required by law to;

- Maintain the privacy of your PHI
- Provide this notice that describes the ways we may use and share your health information
- Follow the terms of the notice currently in effect

We reserve the right to make changes to this notice at any time and make the new policy practices effective for all information we maintain. Current notices will be posted in the office. You may also request a copy of the notices from our Operations Manager.

Your Individual rights:

You have the right to;

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but not required to agree to any restrictions
- Request that we use a specific telephone number or address to communicate with you
- Inspect and copy your PHI, including medical billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your PHI and request a review of denial.
- Request corrections or additions to your PHI
- Request a paper copy of this notice

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your PHI, please contact Jeanette Bern, Owner at 208-878-9178