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Description automatically generated**Harmony Hills Healing**

Phone: 815-440-6047

[victoria@harmonyhillshealing.com](mailto:victoria@harmonyhillshealing.com)

**NOTICE OF PRIVACY PRACTICES**

Please review this Notice of Privacy Practices (this “Notice”) carefully, as it describes how your protected health information (“PHI”) may be used and disclosed by Harmony Hills Healing, PLLC (“HHH”), as well as and how you can access your PHI.

1. **HHH’S COMMITMENT TO YOUR PHI**

HHH is dedicated to maintaining and protecting the privacy of your PHI. In HHH’s practice, records and information will be prepared and/or maintained by HHH regarding you, your diagnosis, your treatment plans, and the therapeutic services provided to you by HHH (the “Services”). HHH is ***required***, pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), to: (i) maintain and protect the privacy of your PHI; (ii) provide notice to you of HHH’s legal duties and privacy practice with respect to your PHI; (iii) accommodate your reasonable requests to communicate your PHI by alternative means or locations; and (iv) follow the terms of the notice that is currently in effect pertaining to HHH’s legal duties and privacy practices with respect to your PHI. The terms and conditions of this Notice apply to all your records and information containing PHI that are prepared and/or maintained by HHH. By signing this Notice, you hereby acknowledge and agree that HHH has the right to amend this Notice, and any such amendment to this Notice will apply to all your past and future records and information that are prepared and/or maintained by HHH. A copy of the new notice will be posted at HHH’s principal place of business and online via HHH’s website.

1. **USE AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS**

The following sections explain the different ways your PHI will be used and disclosed by HHH:

1. **General Treatment:** HHH may use and disclose your PHI to: (i) treat you; (ii) reach a diagnosis for you; (iii) write psychotherapy notes for your treatment, training, or supervising mental health practitioners; (iv) any legal defense for you; (v) any Secretary of Health and Human Services investigation pertaining to HIPAA compliance; (vi) as required by a coroner who is performing duties authorized by law; and (vii) as required to help avert a serious threat or health and safety of others.
2. **Coordination of Services & Health Care Operations:** HHH may use and disclose your PHI to coordinate services with other providers and deliver the best of care to you through consultations, case reviews, and supervisory meetings. HHH may use and disclose your PHI to adequately and fully provide the Services.
3. **Business Associates:** HHH may use and disclose your PHI to third-party affiliates who assist HHH in performance of the Services, including, but not limited to, business associates who provide billing services, storage of PHI, telehealth services, etc.
4. **Payment:** HHH may use and disclose your PHI for billing purposes and collect payment for the Services. HHH may provide your insurance company with PHI regarding your treatment to determine if you are covered by insurance for Services. If a third party is responsible for the cost of the Services, then HHH may use and disclose your PHI to obtain payment for the Services.
5. **Responsible Parties:** HHH may use and disclose your PHI to a designated family member or another individual who is responsible for your care.
6. **Legal Obligations:** HHH may use and disclose your PHI when required to do so by federal, state, and/or local law.
7. **SPECIAL CIRCUMSTANCES FOR DISCLOSURE OF YOUR PHI**
8. **Public Health Risks:** HHH may disclose your PHI to public health authorities to report child abuse or neglect, elder abuse or neglect, abuse or neglect of mentally ill persons or developmentally disabled persons, and/or to protect you or others from personal and/or bodily harm.
9. **Emergency:** HHH may use and disclose your PHI to medical personnel in case of a medical emergency to resolve a crisis. You will be informed of such emergency use and disclosure.
10. **Legal Proceedings:** HHH may use and disclose your PHI in response to any court order, discovery request, subpoena, or other legal request pertaining to any legal proceeding that is instituted by a third party if you are involved in the legal proceeding. You will be informed of such legal request and use and disclosure.
11. **Health Oversight Activities:** HHH may use and disclose your PHI for audits and investigations.
12. **Military:** HHH may use and disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) if such use or disclosure is required by an appropriate authority.
13. **National Security:** HHH may use and disclose your PHI to federal officials for intelligence and national security activities, as authorized by applicable law.
14. **Workers’ Compensation:** HHH may use and disclose your PHI for workers’ compensation and similar programs.
15. **Service Reminders:** HHH may use and disclose your PHI to contact you to remind you of your therapy appointment with HHH.
16. **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**
17. **Confidential Communications:** You have the right to ask HHH to communicate your PHI with you in a particular manner or location (*e.g.*, home phone, personal email, etc.).
18. **Inspections and Records:** You have the right to inspect and obtain a copy of your PHI, including client medical records and billing records(excluding psychotherapy notes and other internal notes and documents prepared by HHH, which are not part of your standard medical record). To inspect or obtain a copy of your PHI, you must submit a written request to HHH. You may be charged a reasonable, cost-based fee for copying, mailing, labor. However, you will not be charged for simply reviewing your PHI in person.
19. **Requesting Restrictions:** You have the right to request a restriction for HHH’s use and disclosure of your PHI for treatment, insurance, payment, and/or other health operations. You have the right to request a restriction for use and disclosure of your PHI to certain individuals or entities who are involved in your care or who are paying for the Services.
20. **Request Disclosures:** You have the right to request a list of instances where your PHI may be used and/or disclosed for purposes other than treatment, insurance, payment, and/or health care operations. HHH will respond to your request within sixty (60) days of receiving your request. The list of disclosures will cover the last six (6)years unless you request a shorter time. You will not be charged for the first request in a calendar year, but you will be charged a reasonable fee for each subsequent request.
21. **Modification:** You have the right to correct mistaken PHI, add missing PHI, and/or amend your PHI.
22. **This Notice:** You are entitled to request and receive a copy of this Notice.
23. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with HHH or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, and you will not be penalized or retaliated against for filing a complaint. To file a complaint with HHH regarding your privacy rights, please contact Victoria Hinkle.