

INSPIRED COUNSELING, P.L.L.C.
Lisa Watson, MC, LPC.
8114 E. Cactus Rd., Suite 240, Scottsdale, AZ 85260
Phone: 480-900-6711

Lisa@InspiredCounseling.net
www.inspiredcounseling.net

HIPAA Privacy Policy

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

*******THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED/DISCLOSED, AS WELL AS HOW YOU MAY OBTAIN ACCESS TO YOUR HEALTH INFORMATION*******

Inspired Counseling, P.L.L.C.'s commitment to your privacy: Inspired Counseling, P.L.L.C. (hereinafter "Provider") is dedicated to maintaining the privacy of your Protected Health Information (PHI). We are required by law to maintain the confidentiality of your PHI. Your PHI includes personal information in your case file about your past, present, and future health conditions, health care service provided to you, and payment information for your health care services.

- Provider reserves the right to change its Privacy Policy at any time. However, at the time any material revisions are made, Provider will deliver the revised notice to you as required by law. The revised policy will be effective for all Protected Health Information that Provider maintains at that time.

How Provider may use or disclose your Protected Health Information: Provider has limited right to use or disclose your PHI for the purpose of treatment, payment, and health care operations.

- **Treatment.** Provider may use and disclose your PHI to provide, coordinate, or manage your health care and other related services. Provider may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care professionals who provide you with health care services or who are otherwise involved in your care.
- **Payment.** Provider may use and disclose your PHI to bill and collect payment for the services provided to you.
- **Health Care Services.** Provider may use and disclose your PHI in connection with the operation of its practice. This may include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and Provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

In the following situations, Provider may use and disclose, based on the practitioner's professional judgment, a limited amount of your PHI, if you agree in writing, as long as the use and disclosure is not prohibited by law.

- Provider may share limited amounts of your PHI with family, friends, or others directly involved in your care or payment for your care.
- Provider may also share limited amounts of your PHI with the same people to notify them of your location, general condition, or death.

Your PHI may be used or disclosed without your permission in the following circumstances:

- Issued to public health authorities and health oversight agencies that are authorized by law to collect PHI information.
- In response to a court or administrative order in legal proceedings such as a law suit.
- If required to do so by law enforcement officials.
- Where necessary to reduce or prevent a serious threat to the health and safety of yourself, another individual, or the general public. Provider will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are an inmate or under custody of a law enforcement official.
- For Workers Compensation and similar programs.
- For any other reason or allowed or required under applicable State or Federal law.

These are your rights regarding your Protected Health Information (PHI)

- **Communications:** You can request that Provider communicate with you about your health and related issues in a particular manner or at a certain location. Provider must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.
- You can request a restriction in Provider's use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that Provider restrict disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members and friends.
- You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including client medical records and billing records, but not including any psychotherapy notes. You must submit your request in writing to my office. If you request for any amendments to your PHI, the request must be submitted to provider in writing.
- You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with Provider or with the Secretary of the Department of Health and Human Services of the state of Arizona. All complaints to Provider must be submitted in writing. Provider will not discriminate against you if you make a complaint.
- You have a right to provide an authorization for other uses and disclosures of your PHI. You will need to submit your written authorization for uses and disclosures that are not identified by this notice or permitted by law in writing to Provider.
- Provider is not required to agree to any of your requests stipulated above, particularly if the law prevents acceptance.

If you have any questions regarding the foregoing notice or my health information privacy policies, please contact Provider. Please sign below to acknowledge your receipt of this information.

Acknowledgement of Receipt of HIPAA Privacy Policy

I, _____, acknowledge that I have received a copy of the HIPAA Privacy Policy of Inspired Counseling, P.L.L.C.

This Privacy Policy describes how Inspired Counseling, P.L.L.C. and any of its practitioners, may use and disclose my protected health information, certain restrictions on the use and disclosure of my health care information, and any rights I may have regarding my Protected Health Information.

I hereby authorize Inspired Counseling, P.L.L.C. and any of its practitioners to use and disclose my Protected Health Information to carry out treatment, payment or health care operations (as stated in the HIPAA Privacy Policy).

Client/Representative Signature _____ Date: _____
By: ☐ Client ☐ Representative

Parent/Guardian Signature _____ Date: _____
(If Client is under 18 years old) By: ☐ Parent ☐ Guardian

Parent/Guardian Signature _____ Date: _____
(If Client is under 18 years old) By: ☐ Parent ☐ Guardian

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Client/Representative Signature _____ Date: _____
By: ☐ Client ☐ Representative