IE Counseling

Take your life to the next level

Heidi Kiebler-Brogan, M.A., LPC, NCC

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908-456-1871

HKB Consulting, LLC/DBA IE Counseling Notice of Privacy Practices

This notice describes how information about your care at *IE Counseling* may be used and shared with others. It also describes how you can get access to this material. Please read this material carefully.

Information regarding your care, including payment for the care is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 42 U.S.C.* 1320d et seq., 45 C.F.R. Parts 160 & 164 and the Confidentiality Law, 42 U.S.C. * 290dd-2, 42 C.F.R., Part 2. Under these laws ***IE Counseling*** may not inform any one outside of ***IE Counseling*** that you or your family are participating in any program operated by the organization or disclose any protected information except as permitted by federal law.

IE Counseling must obtain your written consent before it can disclose information about you for payment purposes. Generally, you must also sign a written consent before ***IE Counseling*** can share information for treatment purposes. However, federal law permits the disclosure of a client's information in the following circumstances:

- To report a crime on ***IE Counseling*** property or against ***IE Counseling*** personnel or clients
- To appropriate authorities to report suspected child abuse or neglect.
- The client threatens suicide or harm to themselves.
- The client threatens harm to another person(s), including murder, assault or other physical damage.
- The client reports abuse of the elderly.
- The client reports sexual exploitation by a therapist.
- The therapist has a "duty to warn" appropriate institutes, agencies, or persons in these instances.

Before ***IE Counseling*** can disclose any information about you or your care in a manner which is not described above, we must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

- **To request restrictions on uses or sharing with others.** You have the right to ask us how we use and share your information. We will consider any request you may have to restrict this disclosure. However, we do not have to agree to your request if "routine operations" are impeded in any manner. If we agree to your request, we will put our agreements in writing and follow it, except in emergency situations. We cannot agree to limit the use of sharing information as required by law.
- **To choose how we contact you.** You have the right to request that we communicate with you in a certain way or in a certain location, if using standard means of communication may endanger you. For example, you may request that we contact you only at your workplace. You must make your request in writing. We will agree to your request if it is reasonable to do so.
- **To inspect and copy your record.** You can submit a written request to see your and possibly copy your protected information. If we deny your request, we will give you written reasons for the denial and explain your rights to appeal. In some situations, we may deny access to certain parts of your protected information, and you may not appeal that decision. We will not provide access to information collected for legal action. These situations may not be appealed.
- **To request changes or corrections to your protected information.** If you believe there is a mistake or missing information in your file, you may submit a written request that we change or add to your record. We may deny the request if we determine that the information is complete and correct, was not created by us or is the type of information that we cannot disclose. If we deny the request, we will tell you in writing the reason for denial and explain your right to have your request, our denial and any statement of disagreement made part of your record.
- **To find out what disclosures have been made.** You have the right to request a list of disclosures of your information made. You must request this list in writing.

How to complain about our privacy practices

If you think that we may have violated your privacy rights, you may contact our Compliance Official at **908.456.1871.** You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Ave. SW Washington DC 20201. We will not discriminate against you in any way for filing any complaint pertaining to this matter.

Effective Date: 4-14-2003

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Scotch Plains, NJ 07076

34 DumontRoad/PO Box 953
Far Hills, NJ 07931

By signing below, I hereby acknowledge that I have received a copy of ***IE Counseling*** Notice of Privacy Practices.

_____
Print Name of Patient

_____ _____
Patient signature (If 14 years or older) Date

_____ _____
Signature of parent/Guardian Date

_____
Witness