



Up Counseling Services

SUPPORT TO LOOK UP, CHEER UP, STAND UP

HIPAA POLICY

1. HIPAA Notice of Privacy Practices for Personal Health Information

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.

This is your Health Information Privacy Notice from Up Counseling Services, PLLC. This notice describes how we protect the Personal Health Information we have about you which relates to you and how we may use and disclose this information. Personal Health Information includes individually identifiable information which relates to your past, present or future mental health, treatment, or payment for health care services. This notice also describes your rights with respect to the Personal Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA"). We are required by law to:

- Maintain the privacy of your Personal Health Information;
- Provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information; and
- Follow the terms of this notice.

We protect your Personal Health Information from inappropriate use or disclosure. Our employees are required to comply with our requirements that protect the confidentiality of Personal Health Information. They may look at your Personal Health Information ONLY when there is an appropriate reason to do so.

We will not disclose your Personal Health Information to any other company for their use in marketing their products to you.

The main reasons for which we may use and may disclose your Personal Health Information are:

- **For Payment:** If you pay by credit card, the agency is identified in the credit card records. Receipts for services rendered disclose Personal Health Information.
- **For Health Care Operations:** We may also use and disclose Personal Health Information at your request for your insurance needs.
- **To Avert a Serious Threat to Health or Safety:** We may disclose Personal Health Information to avert a serious threat to someone's health or safety.
- **We may use Personal Health Information** to provide you with information about services that may be of interest to you.
- **For Law Enforcement or Specific Government Functions:** We may disclose Personal Health Information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons, or similar process. We may disclose Personal Health Information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.



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- **When Requested as a Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit, divorce or a dispute, we will release PHI at your request. Please note per your signed Informed Consent, you have agreed not to involve Up Counseling Services, PLLC in any current or future arbitration, mediation, and/or litigation within the court system.

- **Other Uses of Personal Health Information:** Other uses and disclosures of Personal Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose Personal Health Information about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization. You should understand that we will not be able to take back any disclosures we have already made with authorization.

In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that we maintain about you.

- **Right to Amend Your Personal Health Information:** If you believe that your Personal Health Information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Personal Health Information while it is kept by or for us. We may deny your request if you ask us to amend Personal Health Information that:

- Is accurate and complete;
- Was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment;
- Is not part of the Personal Health Information kept by or for us, or
- Is not part of the Personal Health Information which you would be permitted to inspect and copy.

- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of Personal Health Information about you. This list will NOT include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel, or made pursuant to your authorization or made directly to you. You must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about Personal Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail.

- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us. All complaints must be submitted in writing. You will not be penalized for filing a complaint.



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- **Changes to This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Personal Health Information we already have about you as well as any Personal Health Information we receive in the future.

Right to Obtain a Paper Copy of this Notice. You have the right to receive a paper copy of this notice and any amended notice upon request.

Signature of Client/Parent/Guardian (required)_____

Date: (required)_____