**Notice of Privacy Practices**

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. If you have any questions about this notice, please contact me.

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice. This notice will tell you about the ways in which I may use and disclose health information about you I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

Please note that the terms of this notice may change at any time. The new notice will be effective for all Protected Health Information (PHI) that I maintain at that time.

**Uses and Disclosures of Protected Health Information:** By applying to be treated by Christie’s Counseling and Coaching, you are implying consent to the use and disclosure of your protected health information (PHI) by myself and others outside of my office that are involved in your care and treatment for the purposes of providing health care services to you. Your PHI may also be used and disclosed to bill for your health care and to support the operations of this practice.

**Uses and Disclosures of PHI Based Upon Your Implied Consent:** Following are examples of the types of uses and disclosures of your PHI information I will make, based on this implied consent. These examples are not meant to be exclusive, but to describe the types of uses and disclosures that may be made by my office.

* Treatment: I will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, I would disclose your PHI, as necessary, to another health care provider who may be treating you. Your PHI may be provided to a health care provider to whom you have been referred to ensure that health care provider has the necessary information to diagnose and/or treat you.
* In addition, I may disclose your PHI from time to time to another health care provider (e.g. a specialist) who, at the request of your treating provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment.
* Payment: Your PHI will be used, as needed, to obtain payment for your health services.
* Healthcare Operations: I may use or disclose, as needed, your PHI in order to support the business activities of my office. These activities may include, but are not limited to, quality assurance activities. I may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.
* I will share your PHI with third party “business associates” that perform various activities (e.g., billing). Whenever an arrangement between my office and a business associate involved the use or disclosure of your PHI, I will have a written contract with that business associate that contains terms that will protect the privacy of your PHI.

**Uses and Disclosures of PHI That May Be Made Only With Your Written Authorization:** Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below:

* Disclosures of psychotherapy notes;
* Uses and disclosures of PHI for external marketing purposes;
* Disclosures that constitute a sale of PHI, and
* Other uses and disclosures not described in the Notice of Privacy Practices

You may revoke any of these authorizations, at any time, in writing, except to the extent that I have already taken an action in reliance on the use or disclosure indicated in the authorization.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object:** In the following instance where I may use and disclose your PHI, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then I, using my professional judgement, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, I may disclose such information as necessary, if I determine that it is in your best interest based on my professional judgement. I may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition. Finally, I may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Other Permitted and Required Uses and Disclosures That My Be Made Without Your Consent, Authorization or Opportunity to Object:** I may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

* Required by Law: I may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
* Public Health: I may disclose your PHI for public health activities and purposes to a pub health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. I may also disclose your PHI, if directed by public health authority, to a foreign government agency that is collaborating with the public health authority.
* Communicable Diseases: I may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
* Health Oversight: I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
* Abuse or Neglect: I may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, I may disclose your PHI if I believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
* Legal Proceedings: I may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
* Law Enforcement: I may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal process and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Practice, and (6) medical emergency (not on the Practice’s premises) and it is likely that a crime has occurred.
* Workers’ Compensation: I may disclose your PHI, as authorized, to comply with workers’ compensation laws and other similar legally-established programs.
* Required Uses and Disclosures: Under the law, I must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164.500 et. Seq.

**Your Rights**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

* You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as I maintain the PHI. A “designated record set” contains medical and billing records and any other records that I use for making decisions about you.

Under federal law, however, you may not inspect a copy of the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed.

* You have the right to request a restriction of your PHI. This means you may ask me not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You have the right to restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for the healthcare delivered by my office. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. I am not required to agree to a restriction that you may request. If I believe it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If I agree to the requested restriction, I may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you wish to request with me.
* You have the right to request to receive confidential communications from me by alternative means or at an alternative location. I will accommodate reasonable requests. I may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alterative address or other method of contact. I will not request an explanation from you as to the basis for this request. Please make this request in writing.
* You may have the right to have me amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as I maintain this information. In certain cases, I may deny your request for an amendment. If I deny your request for an amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
* You have the right to receive an accounting of certain disclosures I have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures I may have made for you, to family members or friends involved in your care, pursuant to a duly executed authorization or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limits.
* You have the right to be notified by my office of any breach of privacy of your PHI.
* You have the right to obtain a paper copy of this notice from me, upon request, even if you have agreed to accept this notice electronically.

**Complaints**

You may complain to me, or the Secretary of Health and Human Services, if you believe your PHI rights have been violated by Christie’s Counseling and Coaching LLC. For information regarding how to file a complaint, please visit the following website:

<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>