The HIPAA Privacy Rule grants individuals a fundamental new right to be informed about the privacy practices of their health plans and most of their healthcare providers, as well as to be aware of their privacy rights regarding their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to raise awareness of privacy issues and concerns, prompting individuals to discuss these matters with their health plans and healthcare providers and exercise their rights.

1. 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.

1. We have a legal duty to safeguard your protected health information (PHI). We are legally required to protect the privacy of your Protected Health Information (PHI), which includes information that can be used to identify you that we’ve created or received about your past, present, or future health or condition, the provision of healthcare to you, or the payment for this healthcare. We must provide you with this Notice about our privacy practices, and such Notice must explain how, when, and why we will “use” and

“disclose” your PHI. A “use” of PHI occurs when we share, examine, utilize, apply, or analyze such information within our practice. PHI is “disclosed” when it is released, transferred, given to, or otherwise divulged to a third party outside our practice. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And we are legally required to follow the privacy practices described in this Notice.

1. How We May Use and Disclose Your PHI.

We will use and disclose your protected health information (PHI) for various purposes. For some of these uses or disclosures, we will need your prior written authorization; for others, however, we do not. Listed below are the different categories of my uses and disclosures, along with some examples of each category.

A. Use and disclosures relating to treatment, payment, or health care operations do not require your prior written consent. We can use and disclose your PHI without your consent for the following reasons:

* 1. For treatment. We can use your PHI within our practice to provide you with mental health treatment, including discussing or sharing your PHI with our trainees and associates. We can also disclose your PHI to physicians, psychiatrists, psychologists and other licensed health care providers who provide you with health care services or are involved in your case. For example, if you are being treated by a psychiatrist, we can disclose your PHI to your psychiatrist to coordinate your care.
  2. To obtain payment for treatment. We may use and disclose your PHI to bill and collect payment for the treatment and services we provide to you. For example, we might send your PHI to your insurance company or health plan to get paid for health care services that we have provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
  3. For health care operations. We can use and disclose your PHI to operate our practice. For example, we may use your PHI to assess the quality of healthcare services you received or to evaluate the performance of the healthcare professionals who provided these services to you. We may also provide your PHI to our accountant, attorney, consultants or others to further our health care operations.
  4. Patient incapacitation or emergency. we may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn’t required if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think you would consent to such treatment if you were able to do so.

B. Certain other uses and disclosures also do not require your consent or authorization. We can use and disclose your PHI without your consent or authorization for the following reasons:

* 1. When federal, state or local laws require disclosure. For example, we may have to make a disclosure to applicable governmental officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect.
  2. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or claim for workers’ compensation benefits, we may have to use or disclose your PHI in response to a court or administrative order. We may also have to use or disclose your PHI in response to a subpoena.
  3. When law enforcement requires disclosure. For example, we may have to use or disclose your PHI in response to a search warrant.
  4. When public health activities require disclosure. For example, we may need to use or disclose your PHI to report an adverse reaction to a medication to a government official.
  5. When health oversight activities require disclosure. For example, we may need to provide information to assist the government in conducting an investigation or inspection of a healthcare provider or organization.
  6. To avert a serious threat to health or safety. For example, we may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring.
  7. Remember you of appointments and inform you of health-related benefits or services. For example, we may need to use or disclose your PHI to remind you about your appointments or provide you with information about treatment alternatives, other healthcare services, or other healthcare benefits that we offer, which may be of interest to you.

C. Certain uses and disclosures require you to have the opportunity to object.

1. Disclosures to family, friends or others. We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless

you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other uses and disclosures require your prior written authorization.

1. In any situation not described in Sections III A, B, and C above, we will require your written authorization before using or disclosing any of your protected health information (PHI). Suppose you choose to sign an authorization to disclose your PHI. In that case, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven’t taken any action in reliance on such authorization) of your PHI by us.

1. What rights you have regarding your PHI

You have the following rights with respect to your PHI:

* 1. The right to request restrictions on Our Uses and Disclosures. You have the right to request restrictions or limitations on our use or disclosure of your PHI to carry out our treatment, payment, or healthcare operations. You also have the right to request that we restrict or limit the disclosure of your PHI to family members, friends, or others involved in your care or who are financially responsible for your care. Please submit such requests to us in writing. We will consider your requests, but we are not obligated to accept them under law. If we accept your requests, we will put them in writing and abide by them, except in emergency situations. However, be advised that you may not limit the uses and disclosures that we are legally required to make.
  2. The right to choose how I send PHI to you. You have the right to request that we send confidential information to you at an alternate address (for example, sending information to your work address instead of your home address) or by alternate means (e‐mail instead of regular mail). We must agree to your request, provided it is reasonable, and you specify how or where you wish to be contacted. When appropriate, you will also provide us with information on how payment for such alternate communications will be handled. We may not require an explanation from you as to the basis of your request as a means of providing communications on a confidential basis.
  3. The right to inspect and receive a copy of your PHI. In most cases, you have the right to inspect and receive a written copy of such information. If we don’t have your PHI, but we know who does, we will inform you of how to obtain it. We will respond to your request within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will provide you with written reasons for the denial and explain your right to have it reviewed. If you request copies of your PHI, we will charge you no more than $.1.00 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI, provided you agree to this and to the associated cost in advance.
  4. The right to receive a list of the disclosures we have made. You have the right to receive a list of instances, also known as an Accounting of Disclosures, in which we have disclosed your protected health information (PHI). The list will not include disclosures made for our treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel. We will respond to your request for an Accounting of Disclosures within 60 days of receiving it. The list we give you will include disclosures made in the last six years unless you request a shorter

time. The list will include the date the disclosure was made, to whom the PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge. However, if you make more than one request in the same year, we may charge a reasonable, cost-based fee for each additional request.

* 1. The right to amend your PHI. If you believe that there is an error in your PHI or that important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will outline the reasons for the denial and explain your right to submit a written statement of disagreement with the decision. If you don’t file one, you have the right to request that our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the necessary changes to the PHI, notify you that we have done so, and inform others who need to be aware of the change to your PHI.
  2. The right to receive a paper copy of this notice. You have the right to receive a paper copy of this notice even if you have agreed to receive it via email.

1. How to complain about our privacy practices

If you believe that we may have violated your privacy rights or disagree with a decision we made regarding access to your PHI, you may file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

1. Person to contact for information about this notice or to complain about my privacy practices If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human

For services, please contact me at Truhearted Counseling, Inc. Attention Michelle Meyer, LMFT.

1. Effective date of this notice

This notice went into effect on December 23, 2021

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that we have given you. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice from us by contacting us. If you have any questions about our Notice of Privacy Practices, please contact us at:

Truhearted Counseling

I acknowledge receipt of the Notice of Privacy Practices of Truhearted Counseling.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

(patient/parent/conservator/guardian)