**Ellington Counseling Services, LLC**

**Roswell, NM 88201-6541**

**P. O. Box 4427, Roswell, NM 88202-4427**

**(575) 627-2233 - Office (575) 627-2248 - Fax**

**HIPAA 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.**

This privacy notice is effective January 2, 2014.

You have a variety of rights under the federal law known as HIPAA, the Health Insurance Portability and

Accountability Act of 1996, and the related Privacy Rules published by the U.S. Department of Health

and Human Services. Those rights are described in this notice.

**Under HIPAA and the Privacy Rules, we are required by law to:**

1. Maintain the privacy of protected health information.

2. Provide you with this notice of our legal duties and privacy practices regarding to your protected health information.

3. Abide by the terms of the privacy notice currently in effect.

**How We May Use and Disclose Health Information:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our office.

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**For Health Care Operations. Healthcare operations include:**

1. Conducting quality assurance and improvement activities, including outcomes evaluation and development of clinical guidelines;

2. Reviewing the competence or qualifications of health care professionals and plans evaluating practitioner and provider performance; or

3. Certain underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. For instance, we may need to use information about you to review our treatment procedures and business activity. Information may also be used for certification, compliance and licensing activities, among others. This information will not include any specific identifying information.

We may also have certain obligations as practitioners to provide information notwithstanding other limitations in the following instances:

1. If we have reason to believe that you may harm another person.

2. If we have reason to believe that you are abusing or neglecting a child or vulnerable adult or you provide information about someone else who is doing this.

3. If we believe that you are in imminent danger of harming yourself.

**Special Situations:**

**As Required by Law.** We will disclose Health Information when required to do so by international, federal, state, or local law, including law enforcement officials and district attorneys.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services in the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; and notify people of recalls of products they may be using a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Uses Requiring Your Consent:**

We may make certain other uses and disclosures of your health information that require your

consent. We will only make these uses or disclosures with your written authorization. You may

revoke this authorization in writing at any time. However, the revocation does not affect actions taken

before we receive it.

**Other Privacy Rights You Can Exercise:**

You have a variety of rights under HIPAA and the Privacy Rule that you may choose to exercise. These consist of:

* The right to request restrictions on certain uses and disclosures of protected health information. You can ask us to restrict use or disclosure of PHI for health care operations, restrict disclosure to

persons involved in the individual’s health care, or payment for health care. You can ask us to

limit disclosures made to notify family member or others about the person’s condition or location.

We are not obligated to agree to these restrictions. If we do agree, we must honor that agreement (except in emergency situations).

* The right to receive confidential communications of protected health information. For instance,

you may wish to be contacted only at home and not at work, or vice versa. For instance, if you

request us to contact you only at a specific address or telephone number, we will do so or we will

make every effort to accommodate reasonable requests, and have an obligation to comply if you

tell us that noncompliance may endanger you.

* You can inspect and copy the protected health information we have in our files, subject to any reasonable fees.

* You can request amendment of any inaccurate protected health information.

* On request, you can receive an accounting of the disclosures of protected health information that

we have made.

* Even if you have agreed to receive privacy notices electronically, you can have, on request, a

paper copy of any notice.

**PRIVACY COMPLAINTS**

If you have a complaint about privacy matters, please let us know. You can make a complaint by writing or e-mailing our office.

You may also contact the Office for Civil Rights of the federal Department of Health and Human Services. You will find information about the HIPAA complaint procedure on their website (http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You can call toll-free for assistance at: 1-800-368-1019.

We will not retaliate against you in any way for making a privacy complaint.

**CONTACT INFORMATION**

If you have any questions, or need further information, or wish to make a privacy complaint, please contact the office of Ellington Counseling Services, LLC, as follows:

Telephone Number: (575) 627-2233

Fax Number: (575) 627-2248

Mail: P. O. Box 4427, Roswell, NM 88202-4427

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY POLICY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received a copy of the Privacy Policy of Ellington Counseling Services, LLC.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a Minor Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_