

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Protected health information (PHI) is the information we record when we provide counseling services to you. Such information may include your reason for seeking counseling, assessment results, diagnosis, treatment plan, notes from your counseling sessions, and both billing and payment records.

With your consent, Leatherwood Counseling Services, LLC, is permitted by federal privacy laws to use and disclose your health information for purposes of treatment, payment, and health care operations. Here are examples of how we might use your PHI for each of these purposes.

- We use your PHI for treatment purposes when a counselor reviews notes about your last counseling session prior to your next session.
- If requested, we use and disclose your PHI for payment purposes when we submit a request for payment to your health insurance company or to any other organization, such as a church, that may be paying for a portion of your treatment costs.
- We use your PHI for health care operations when the Director reviews your records in order to evaluate how well clinical staff members are documenting their counseling services.

Your health information rights: The health and billing records we maintain are the physical property of this office. The information, however, belongs to you. You have a right to:

- Request that we restrict our use/disclosure of your protected health information by delivering the request in writing to our office. We are not required to grant the request, but we will work to comply with request granted or negotiate with you an acceptable alternative.
- Request that you be allowed to inspect and receive a copy of your health and billing records. You may exercise this right by delivering the request in writing to our office.
- Appeal a denial of access to your PHI except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office.
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your PHI.
- Obtain an accounting of all disclosures of your health information to third parties outside this office not associated with treatment, payment, or health care operations, or disclosures made to you.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Revoke any authorizations that you made previously to use or disclose information by delivering a written revocation to our office. This revocation does not apply to any disclosures your authorized and that have already taken place.

- Review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

If you want to exercise any of the above rights, please contact Sherrie Leatherwood in person or in writing, during normal business hours, she will help you take steps to exercise your rights.

Our responsibilities:

- Maintain the privacy of your health information as required by law.
- Provide you with this notice that explains how we protect information that we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information to you.

Within our rights and responsibilities by law, we reserve the right to amend, change, or eliminate provisions in our privacy and access practices and to enact new provisions regarding the PHI we maintain. Any time our practices change, we will amend our Notice to reflect these changes.

To request information or file a complaint:

If you want to file a complaint or report a violation of the privacy of your PHI, please contact Sherrie Leatherwood, in person, or in writing, during normal business hours. You may also file a complaint by mailing or emailing your complaint to the Secretary of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

When will we disclose your PHI:

Leatherwood Counseling will only release, or disclose, your PHI to any person or organization not a part of Leatherwood Counseling if you give us written authorization to do so. By law, however, we must report to legal authorities if we suspect abuse of children, elderly persons, or disabled persons. Such a report would only disclose that you are receiving services at Leatherwood Counseling. By law, also, we may disclose appropriate portions of your PHI if you are receiving services under workers compensation, if you are a danger to yourself or others, or if we are legally compelled by a court order or similar judicial action. In these cases, our practice will be to secure written authorization from you unless doing so is dangerous or will lead to harm to you. You may revoke any written authorization you have given to us at any time.