***Rozell Counseling and Psychotherapy Services, LLC***

**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.**

**Our Pledge Regarding Mental Health Information**

**The privacy of your mental health information is critically important to us. We understand that your mental health information is personal and we are committed to protecting it. We create a record of care and the treatment you receive at our practice. We maintain this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways we may use and share mental health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of protected mental health information.**

**Use and Disclosure of Your Protected Mental Health Information**

**The following section describes different ways that we use and disclose protected mental health information. Not every use and disclosure will be listed. However, we have listed examples of the different ways we are permitted to use and disclose mental health information. We will not use or disclose your mental health information for any purposes, not allowed, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.**

***Treatment Purposes: Examples of use of your mental health information for Treatment purposes:* We obtain treatment information about you and record it in a health record. With your written consent, or under emergency circumstances, your status and treatment information may also be shared, when appropriate, with other health care providers.**

***Payment Purposes: Example of use of your mental health information for Payment purposes:*  We submit health insurance claims and requests for payment to your health insurance company. The health insurance company requests certain information from us regarding medical care given. We will provide the required information to them, about you and the care given, so that you may**

**access your mental health insurance benefit. Other examples, for Payment purposes, may include billing and providing any appropriate information, needed for obtain payment, to any other third party billing payor or entity/person, of your request.**

***Health Care Operations: Example of Use of Your Information for Health Care Operations: We may maintain staff, or use outside services,* such as administration, billing, accounting, and/or collection or legal services. We may share certain information about you, only as necessary to obtain/maintain these services, and to best serve your needs, and to help facilitate our health care operations.**

Other Disclosures and Uses Required or Permitted by Law Include:

***Abuse & Neglect:* All practitioners of Rozell Counseling and Psychotherapy Services, LLC are mandated by law to report suspected abuse and neglect of children, the elderly, and persons with disabilities.**

***Judicial/Administrative Proceeding/Law Enforcement Entities:* We may disclose your protected mental health information in the course of any judicial or administrative proceeding as allowed or required by law, with your specific written consent, or as directed by a Judge’s Court Order. To avert a serious safety or life-threatening situation, we may disclose your protected mental health information, consistent with applicable law, to prevent an imminent threat, to the health or safety of a person (you or others) or the public.**

***Notification:*  In the event of an emergency, hospitalization, and/or with your permission, we may use or disclose your protected mental health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition.**

***Other Uses:* Other uses and disclosures, besides those identified in the Notice, will be made only as otherwise authorized by law, or with your specific written authorization, and you may revoke the authorization as previously provided.**

***Website:* This Notice will be on our website at** [**www.rozellcounseling.com**](http://www.rozellcounseling.com)

**Your Health Information Rights**

**The health and billing records we maintain are maintained in a confidential, secure manner. You have a right to:**

**1. Request a restriction on certain uses and disclosures of your health information by submitting the request in writing to our office. We are not required to grant the request, but we will carefully review any request received**

**2. Obtain an additional copy of this Notice of Privacy Practices for Protected Health Information by making a written request at our office or printing it out from our website:** [**www.rozellcounseling.com**](http://www.rozellcounseling.com)**.**

**3. Request that you be allowed to inspect and copy your mental health record and billing record – you may exercise this right by submitting the request in writing to our office. Payment of $25.00 will be charged for reproducing your mental health record**

**4. Appeal a denial of access to your protected health information except in certain circumstances. *The Clinical Director of Rozell Counseling and Psychotherapy Services, LLC will conduct the appeal, and review the nature and purpose of the written request, and determine whether the disclosure of certain information contained in your mental health record, may be deleterious to your condition or impede further treatment of your condition. This decision will be binding.***

**5. Request that your mental health care record be amended, to correct incomplete or incorrect information, by submitting a written request to our office. (We are not required to make such amendments).**

**6. 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 protected health information**

**7. Obtain an accounting of disclosures, of your health information, as required to be maintained by law, by submitting a written request to our office. An accounting will not include internal uses of information for treatment, or payment, or disclosures made to you at your request**

**8. Request that communication of your health information, be made by alternative means or alternative location, by submitting the request in writing to our office**

**9. Revoke authorizations that, you made previously, to use or disclose information, except to the extent information or action has already been taken, by submitting a written revocation to our office.**

**You have the right to review the 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 our Privacy Contact (by telephone, during normal business hours, or in writing):**

**Rebecca Rozell, LPCC, LADAC**

**505-974-0329**

**9400 Holly Ave NE, Bldg 4**

**Albuquerque, NM 87122**

**Rebecca will provide you with assistance on the steps to take to exercise your rights.**

**Our Responsibilities**

**Rozell Counseling and Psychotherapy Services, LLC is required to: 1) Maintain the privacy of your health information as required by law 2) Provide you with a notice as to our duties and privacy practices, related to the information we collect and maintain about you 3) Abide by the terms of this Notice 4) Notify you, if we cannot accommodate a requested restriction or request, and 5) Accommodate your reasonable requests, regarding methods to communicate health information with you.**

**We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices, and to enact new provisions, regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice, by calling the office, or submitting a written request, or accessing the amended Notice, on our website:** [**www.rozellcounseling.com**](http://www.rozellcounseling.com)**.**

**To Request Information or File a Complaint**

**If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Rebecca Rozell, LPCC, LADAC (505-974-0329).**

**Additionally, if you believe your privacy rights have been violated, you may submit a written complaint to our office, written to the Attention of Rebecca Rozell, LPCC, LADAC. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Rozell Counseling and Psychotherapy Services, LLC will not retaliate against you if you file a complaint.**

**We cannot, and will not require you, to waive the right to file a complaint with the Department of Health and Human Services (HHS) as a condition of receiving treatment from our practice.**

**\*This copy of our Privacy Notice is for you to read and/or print out, to keep a copy, for your records.**

**\* As confirmation that you have been given access to this notice and/or access to a copy, and your agreement to its content, we will ask you to please sign, under the appropriate heading/signature place, on the last page of our, “Counseling Agreement/Informed Consent,” Form (found as part of our New Client Forms package). By signing, in this appropriate place, you are acknowledging receipt of our Privacy Notice, and your agreement to its content. Thank you!**

**This notice was last updated 9/7/14.**