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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 THIS NOTICE CAREFULLY.

Why I am Providing You With This Notice. I am required by a federal law known as the *Health Insurance Portability and Accountability Act* (HIPAA) to give you this Notice. This Notice will tell you about the ways in which I may use and disclose your health record in accordance with applicable law. Your health record contains personal information about you and your health. This information may identify you in relation to your past, present or future physical or mental health or condition and related health care services. This Notice also describes your rights regarding how you may gain access to your health record.

I am required by law to maintain the privacy of your health record. This health record relates primarily to the counseling services you receive from me. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all protected health information that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your health information may be used or disclosed to facilitate counseling and other health treatment. For example, I may disclose non-identifying information about you to clinical consultants or treatment team members for the purpose of providing, coordinating, or managing your health care treatment and related services and to help me determine the most appropriate care for you. This would be only with your authorization. I may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

For Payment. I may use and disclose health information so I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or talking with your current or future ecclesiastical leader or third party if they are paying any portion of the fee for the services I provide to you. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of health information necessary for purposes of collection.

For Health Care Operations. I may use or disclose, as needed, your health information in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may

share your health information with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your health information. For training or teaching purposes, your health information will be disclosed only with your authorization.

Required by Law. Under the law, I must disclose your health information to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

Child Abuse or Neglect/ Elder Abuse or Neglect. I may disclose your health information to a state or local agency that is authorized by law to receive reports of child abuse or neglect or Elder Abuse or Neglect.

Judicial and Administrative Proceedings. I may disclose your health information pursuant to a subpoena (with your written consent), court order, warrant, summons, administrative order or similar process.

Deceased Patients. I may disclose health information regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate.

Medical Emergencies. I may use or disclose your health information in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, I may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. I may disclose your health information to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. I may review requests from U. S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your health information based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, I may use or disclose your health information for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. I may disclose your health information if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or

lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. Your health information may only be disclosed after a special approval process.

Verbal Permission. I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information I maintain about you. To exercise any of these rights, please submit your request in writing to me at: 755 Hwy 105, Suite 2H. Palmer Lake, Colorado 80133.

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy your health record that may be used to make decisions about your care. Your right to inspect and copy your health record will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the health information I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer at 755 Hwy 105, Suite 2H. Palmer Lake, Colorado 80133 if you have any questions.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your health information for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of health information to a health plan for purposes of carrying out payment or health care operations, and the health information pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.

Breach Notification. If there is a breach of unsecured protected health information concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with me at 755 Hwy 105, Suite 2H. Palmer Lake, Colorado 80133 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**