# Sunrise Professional Counseling & Consultation, PLLC Notice of Privacy Practices

Notice of Policies and Procedures to Protect the Privacy of Your Health Information. Your Information, Your Rights, Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY AND RETAIN FOR YOUR RECORDS.

# **Your Rights**

When it comes to your healthcare, you have certain rights. This section explains your rights and some of our responsibilities to help you.

# Get a copy of your health and claims record

- You can ask to see your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost based fee.

# Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

## Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and will say "yes" if you tell us you would be in danger if we do not.

## Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

# Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
   We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.

# Get a copy of this privacy notice

 You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

# Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

# File a complaint if you feel your rights are violated

- You can make a complaint to us if you feel we have violated our rights by contacting us.
- You can file a complaint with the U.S Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/index.html
- We will not retaliate against you for filing a complaint.

How else can we use or share your health information? We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

<u>Help with public health and safety issues</u> - We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health and safety

## Do research

• We can use or share your information for health research.

## Comply with the law

- We will share information about you if state or federal laws require it, including with the
  Department of Health and Human Services if it wants to see that we're complying with
  federal privacy law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- We can share health information about you with organ procurement organizations.

• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

# Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies authorized by law
- For special government functions such as military, national security, and presidential services

# Respond to lawsuits and legal actions

 We can share health information about you in response to a court or administrative order.

## **Your Choices**

For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment of your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.

# In these cases we never share your information unless you give us written permission

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

How do we typically use or share your health information? We typically use or share your health information in the following ways:

## Help manage the health care treatment you receive

• We can use your health information and share it with professionals who are treating you.

# Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you care.

# Pay for your health services

• We can use and disclose your health information to pay for your health services: i.e. billing insurance provider.

# Administer your plan

We may disclose your health information to your health plan for plan administration.

# **Special Notes**

In most cases we will not share psychotherapy notes or substance abuse notes without authorization in writing.

# **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy described in this notice and provide a copy of it.
- We will not use or share your information other than as described here unless you tell us
  we can in writing. If you tell us we can, you may change your mind at any time. Let us
  know in writing if you change your mind.

For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

<u>Changes to the Terms of This Notice:</u> We can change terms of this notice, and the changes will apply to all information we have about you. Material changes to the notice will be posted on this website or a paper copy available to you via mail at your request.

This Notice of Privacy Practice applies to the following organization:

Sunrise Professional Counseling & Consultation, PLLC

Privacy Official: Ms. Loretta Zerilli, LPC

Mailing Address: 70 S Val Vista Drive, #A3-689, Gilbert, AZ 85296

Ph: 480-776-3391

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