

NOTICE OF PRIVACY PRACTICES

Effective Date of Notice: March 8, 2022

The following 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.

Your Rights

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

You have the right to:

1. Get an electronic or paper copy of your medical record
 - a. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - b. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
2. Ask us to correct your medical record
 - a. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - b. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
3. Request confidential communications
 - a. 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.
 - b. We will say “yes” to all reasonable requests.
4. Ask us to limit what we use or share
 - a. You can ask us *not* to use or share certain health information for treatment, payment, or our operations.
 - i. We are not required to agree to your request, and we may say “no” if it would affect your care.
 - b. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - i. We will say “yes” unless a law requires us to share that information.
5. Get a list of those with whom we’ve shared information
 - a. 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.
 - b. 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 one within 12 months.
6. Get a copy of this privacy notice
 - a. 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.
7. Choose someone to act for you
 - a. 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.
 - b. We will make sure the person has this authority and can act for you before we take any action.
8. File a complaint if you feel your rights are violated
 - a. You can complain if you feel we have violated your rights by contacting us using the information at the top of this document.
 - b. 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/.
 - c. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow reasonable instructions.

1. In the following cases, you have both the right and choice to tell us to:
 - a. Share information with your family, close friends, or others involved in your care
 - b. Share information in a disaster relief situation

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 or safety.

2. In the following cases we **never** share your information unless you give us written permission:
 - a. Marketing purposes
 - b. Sale of your information
 - c. Most sharing of psychotherapy notes
3. In the case of fundraising:
 - a. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses & Disclosures

We typically use or share your health information in the following ways.

1. Treat you
 - a. We can use your health information and share it with other professionals who are treating you.
 - i. ERC participates in supervision and peer consultation in order to provide the highest quality service. When consulting with a colleague to gain insight and feedback on the work we do together, every effort will be made to protect your anonymity.
2. Run our organization
 - a. We can use and share your health information to run our practice, improve your care, and contact you when necessary.
3. Bill for your services
 - a. We can use and share your health information to bill and get payment from health plans or other entities.
 - i. If you are using insurance or another third-party payer, our office must share certain information with them, including (but not necessarily limited to) your diagnosis and the times of your visits. A managed care company may require us to provide additional information, such as symptoms and your progress.

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.

1. Help with public health and safety issues
 - a. We can share health information about you for certain situations such as:
 - i. Preventing disease; ERC is required by state law to report certain infectious and communicable diseases to the local health department. A list of reportable diseases can be found at https://slco.org/globalassets/1-site-files/health/programs/epi/reportable_diseases.pdf.
 - ii. ERC is required by law to report any real or suspected child neglect or abuse when there is enough information to make a report to law enforcement, the Department of Child and Family Services, and/or Child Protective Services.
 - iii. ERC is legally and ethically bound to inform the appropriate person(s) or authorities if a client is in imminent danger of doing harm to self or others.
 - iv. In case of a medical emergency, ERC is permitted to disclose identifying information to medical personnel who need the information for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.
2. Comply with the law
 - a. 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.
3. Work with a medical examiner or funeral director

- a. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
4. Address workers' compensation, law enforcement, and other government requests
 - a. We can use or share health information about you:
 - i. For workers' compensation claims
 - ii. For law enforcement purposes or with a law enforcement official
 1. ERC is permitted to disclose limited information to law enforcement when a crime on our premises or against our personnel has been committed.
 - iii. With health oversight agencies for activities authorized by law
 - iv. For special government functions such as military, national security, and presidential protective services
5. Respond to lawsuits and legal actions
 - a. Under rare circumstances, a court may subpoena a client file. ERC will attempt to notify the client when we receive a subpoena and to quash (or make invalid) the request, but ultimately a court may order disclosure of certain privileged information.
 - b. ERC can share health information about you to defend ERC or your counselor in legal proceedings instituted by you and/or complaints with a state licensing board.

Please see below for information regarding substance abuse treatment records.

Our Responsibilities

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. 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/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website: <http://ercounseling.com>.

Participants of group counseling are required to maintain a strict commitment to respect the confidentiality of other group members. Violating the confidentiality of other participants may result in immediate termination of services. Clients can be assured that ERC will do everything in its power to provide a safe, trusting, and confidential environment where your concerns can be met. If you have questions regarding confidentiality, please feel free to address them with your counselor at any time.