

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTICE OF PRIVACY PRACTICES

Counselors are required by HIPAA to provide this document to explain to potential clients how the practice handles the release of confidential information. All clients must read and sign off on this document annually.

Effective date: July 1, 2022.

Flex Counseling and Wellness LLC will only release information in accordance with state and federal laws and the ethics of the counseling profession.

This notice describes policies related to the use and disclosure of client healthcare information.

Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT

Your counselor may use and disclose health information to:

- Provide, manage or coordinate your care and treatment, such as setting personal treatment goals and documenting progress toward those goals, and sharing progress with a coordinating care provider.
- Coordinate treatment care with licensed professional counselor's clinical supervisor to review details regarding treatment planning and client progress.
- Help you find a referral for alternate care, in the event that Flex Counseling and Wellness does not meet your needs.

PAYMENT

Flex Counseling and Wellness may use and disclose health information to:

- Verify your insurance and coverage, if you choose to bill visits through an in network insurance provider.

HIPAA NOTICE OF PRIVACY PRACTICES

- Process insurance claims and collect fees from insurance companies, if you choose to bill visits through an in-network insurance provider.

HEALTHCARE OPERATIONS

Flex Counseling and Wellness may use and disclose health information for:

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training – including clinical supervision, software usage, billing and documentation.
- Compliance and licensing activities, as required by licensing entities, local, state, and federal laws and other regulatory entities.

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

- **Mandated reporting** – in the event that a client discloses information related to a situation in which mandated reporting is necessary, including threats and/or intent to harm self or others, and suspected or confirmed abuse or neglect of a minor under the age of 18, an adult over the age of 60, a disabled or incapacitated adult of any age, or other situation in which reporting is required, information may be disclosed to appropriate crisis intervention resources, law enforcement, other agencies responsible for providing intervention on behalf of a suspected, potential or intended victim. In addition, in the event that intent to harm another person is expressed, the counselor will attempt to contact the intended victim in addition to legal authorities.
- **Emergencies** – in the event of an emergency, the counselor will attempt to contact crisis resources in addition to the individual listed as an emergency contact for the client.
- **Criminal damage** – pursuant to applicable local, state and federal laws, the counselor may release information related to a criminal investigation.
- **Appointment scheduling** – the counselor will provide notice of upcoming appointments via the methods approved by the client.
- **Treatment alternatives** – the counselor may release information related to alternate treatment providers, as necessary for continuity of care.
- **As required by local, state and federal laws.**

You have a right to request where and how we contact you:

Preferred phone number: _____

May a voicemail be left at the number above? Yes / No

Is text messaging approved? (circle) Yes / No

Is email approved? (circle) Yes / No

Preferred email address: _____

Please initial here, upon completing this information _____

Right to release your medical records

- In the event you would like to provide authorization to release your records to others, you must provide written authorization to release records, including what information you would like to authorize to be shared, along with the timeline during which the release is valid.
- You have a right to revoke the release in writing at any time. A revocation is not valid to the extent that previous information has already been released in reliance on such previous authorization.
- You have a right to inspect and copy your medical billing records. The counselor may deny this request if doing so may cause harm to you or others.
- If you request a copy of your records, there is a \$25 charge cover copying and mailing expenses associated with delivering the copy.
- You have the right to add information or amend your medical records
- You may request to amend your records within 365 days of documentation, pursuant to local, state and federal laws. The counselor may deny your request to amend records.
- If denied, you have a right to file a disagreement statement, which will be filed in the record along with the date of the disagreement.
- Your amendment request must be in writing

You have a right to accounting of all disclosures

- For a six year period beginning July 1, 2022.

Exceptions to disclosure rights include:

- Disclosure for treatment, payment or healthcare operations
- Disclosures pursuant to a signed release
- Disclosures made directly to the client
- Disclosures for national security or law enforcement

You have a right to request restrictions on uses and disclosures of your healthcare information:

- The restrictions must be in writing
- The counselor is not obligated to agree the your restrictions, if doing so may cause harm to you or others, or restrictions violate a local, state, or federal law or restrict the ability for the counselor to perform a duty to warn.

You have a right to complain

- If you have concerns about any information that the counselor has disclosed, please communicate your concern and the counselor will attempt to remedy your concern, if possible.
- If not you are not satisfied with the resolution provided, you have a right to file a complaint with the U.S. Dept. of Health and Human Services – [link to the website](#).
- In the event that you submit a compliant to the Department of Health and Human Services, you are guaranteed to be free from retaliation.

You have a right to receive notification of any changes in this policy

- You may request any future changes at any time.
- You may request to speak to the practice owner who serves as the privacy officer.
- You will be required to sign this document at least once per year, if you continue services.

[Link to the summary of the HIPPA rules and regulations.](#)

Client Signature and Acknowledgment: HIPPA Notice of Privacy Information

By signing this document, I acknowledge that I have read and understand the entire HIPPA notice of privacy information provided by Flex Counseling & Wellness, LLC. I agree to adhere to provisions contained in this document. In the event that I wish to modify any responses given, I will request a new copy of this document to amend my responses.

Client Signature _____

Client Printed Name _____

Guardian Signature _____

Guardian Printed Name _____

Today's Date _____

Counselor Signature _____

Counselor Printed Name _____