



Safe Harbor Counseling of Missouri, LLC
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Safe Harbor Counseling of Missouri, LLC, Notice of Privacy Policies

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Policies (“Notice”) describes how your medical information may be used, disclosed, and how you can get access to it. **Review it carefully.**

1. **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. Generally, you have the right to:
 - a. Copies of your Medical Records. You can ask to see or to be provided an electronic or paper copy of your medical records and other health information we have about you. **Ask us how to do this.** Upon receipt of your written request for a copy of your medical records, we will provide a summary or copy of your records (as applicable) within thirty calendar days of the request. Please note we reserve the right to charge a reasonable, cost-based fee for records production.
 - b. Request Correction of Your Medical Record(s). You may ask us to correct health information about you that you feel is incorrect or incomplete. **Ask us how to do this.** We may deny this request, but if we do we will provide a written reason for our denial within sixty calendar days of your request.
 - c. Request Confidential Communications. You may ask us to contact you in a specific way (home, office phone, etc.) or to send mail to a different address. We will accept and comply with all reasonable requests.
 - d. 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 administrative operations. Please note, we are not required to comply with this request and may reject it if we feel it will impact your care. If you pay for services or medical care out-of-pocket and in full, you can request we not share that

information for the purpose of obtaining payment from your insurance provider, which we will do unless the law requires us to share that information.

- e. Get a List of Those with Whom We have Shared Information. You may ask for a list (accounting) of the times we have shared your health information for up to six years prior to the date of your request, with whom it was shared, and why. We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you ask us to make). We will provide one accounting per year free of charge, but will charge a reasonable, cost-based fee if you ask for another one within twelve months of the last request.
- f. Get a Copy of this Privacy Notice. You may ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will promptly give you a paper copy of this Notice upon your request.
- g. 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 verify such person in fact has the authority to authorize the requested action prior to taking such action.
- h. File a Complaint if You Feel Your Rights are Violated. You may submit a complaint if you feel we have violated your rights by contacting us using the information on the last page of this Notice. You may also 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., Washing, D.C., 20201, by calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. **We will not retaliate against you for filing a complaint.**

2. 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 outlined below, please tell us what you want to do and we will honor your reasonable instruction.

- a. Sharing Information with Family, Friends, or Others. You have the right and choice to direct we share your information with family, close friends, or others involved in your care, including information about disaster relief or information that may be contained in a hospital directory. If you are unable to tell us your preference, (e.g., if you are unconscious) we may go ahead and share your information if we believe it to be in your best interest, including if we need to lessen a serious and imminent threat to health or safety. Further, those identified on your HIPAA release on file with our office will have access to your information.
- b. Restriction on Use. We will **never** use your information for marketing purposes, sell it, or share your session notes unless you specifically authorize it or is otherwise permitted (e.g., under a valid HIPAA release).

- c. Fundraising. We may contact you regarding fundraising efforts, but you may instruct us not to contact you again for such matters.

3. Our Uses and Disclosures. We typically use or share your health information in the following ways.

a. *Generally.*

- i. Treatment. We can use your health information and share it with other professionals who are treating you. *Example* – your therapist asks another therapist about a course of treatment regarding your care.
- ii. Office Management. We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example* – we use health information about you to manage your treatment and services.
- iii. Billing. We can use and share your health information to bill and receive payment from health plans or other entities. *Example* – we give information about you to your health insurance provider so it will pay for your treatment.

- b. *Other Permitted Uses*. In addition to the foregoing, we are allowed or required to share your information in other ways, usually in ways that contribute to the public good (i.e., public health and research). We must meet many conditions under the law before we can share your information for those purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html .

- i. Public Health and Safety. We can share your health information for certain situations including, but not limited to: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, or preventing/reducing a serious threat to anyone's health or safety.
- ii. Research. We can use or share your health information for research purposes.
- iii. Compliance with Laws and Regulations. We will share information about you if state or federal laws or regulations require it, including with the federal Department of Health and Human Services or Missouri Department of Health and Senior Services if it wants to see we are complying with applicable laws or regulations.
- iv. Organ/Tissue Donation Requests. We can share your health information with organ procurement organizations.
- v. Medical Examiner/Funeral Director. We can share your health information with a coroner, medical examiner, or funeral director when you die.
- vi. Workers' Compensation, Law Enforcement, or other Governmental Requests. We can use or share your health information related to workers' compensation claims, law enforcement purposes, health oversight agencies taking actions authorized by law, or special

governmental functions such as military, national security, and presidential protective services.

- vii. Response to Lawsuits and Legal Actions. We can share your health information in response to a court or administrative order, or in response to a subpoena.

- 4. Our Responsibilities.** We are required by law to maintain the privacy and security of your protected health information. We will promptly advise you if a breach occurs that may compromise the privacy or security of your information. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We will not use or share your information other than as described herein unless you otherwise approve it in writing. Even if you authorize something, you can always change your mind by submitting written notice to that effect. For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html . Further, we can change the terms of this Notice and the changes will apply to all information we have about you. Any new or amended Notice will be available upon request or at our office.

Questions, Comments, or Concerns? Do not hesitate to contact us at:

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