

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

Understanding your Health Information: As a client of SJV,PC you are entitled to receive notice about our privacy practices and how we may use and disclose your personal health information in different circumstances. At the time of each counseling session we make a record of your visit. Typically, this record contains your health history, current symptoms, diagnoses, and treatment plans for future care or treatment. This information, often referred to as your clinical record, serves as the following: As a basis for planning your care and treatment; as a means of communication with health professionals who contribute to your care; as a legal document describing the care that you received; as a means by which you or a third-party payer can verify that you actually received the services billed for; as a source of information for public health officials charged with improving the health of the regions that they serve; as a tool to assess and improve the quality of care that you received and to achieve better outcomes. Understanding what is in your health record and how this information is used helps you: To ensure its accuracy and completeness; to understand who, what, where, why and how others may access your health information; to make informed decisions about authorizing disclosure to others; and to better understand the health information rights detailed below.

Your Rights under the Federal Privacy Standard: Although your health records are the physical property SJV,PC you have the following rights with regard to the information contained therein: You may request restriction on uses and disclosures of your health information for treatment, payment and health care operations. The right to request restriction does not extend to uses or disclosures permitted or required under federal privacy regulations, disclosures to you, or for facility directories. You have the right to object to such uses, or for uses and disclosures not requiring a consent or an authorization. The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting, reporting child or elder abuse, or imminent risk. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we will grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment and health care operations. If you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request if the health information pertains solely to an item or a service which we have been paid in full.

You may obtain a copy of this notice of information practices. Although we have posted a copy in a prominent location within the facility, you have a right to a hard copy upon request. You may inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following: Psychotherapy notes, as such notes consist of those notes that are records in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record; information compiled in reasonable anticipation of for use in civil, criminal, or administrative actions or proceedings; protected health information that is subject to federal or state law, to the extent that giving you access would be prohibited by law; information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information; or information that is copyright protected.

In other situations, we may deny you access but if we do, we must provide you a review of our decision denying access. These reviewable grounds for denial include: A licensed health care professional, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person; PHI makes reference to another person and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person; or that the request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person. For these reviewable grounds, a licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything you have to do to get access. We reserve the right to charge a reasonable, cost based fee for making copies.

You may request amendment/correction of your health information. We do not have to grant the request if the following conditions exist: We did not create the record, as in the case of a report from another provider, so we cannot know its accuracy. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records; the records are not available to you as discussed immediately above; or the record is accurate and complete. If we deny your request for amendment or correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

You may obtain an accounting of non routine uses and disclosures, those other than for treatment, payment and health care operations until a date that the federal DHHS will set after January 1, 2011. After that date, we will have to provide an accounting to you upon request for uses and disclosures for treatment, payment, and health care operations under certain circumstances. We do not need to provide an accounting for the following disclosures: To you for disclosures of protected health information to you; for the facility directory or to persons involved in your care or for other notification purposes as provided in federal privacy regulations; for national security or intelligence purposes under the federal privacy regulations; to correctional institutions or law enforcement officials under the federal privacy regulations; for disclosures not requiring consent, authorization, or an opportunity to object; or that occurred before April 14, 2003. We must provide the accounting within 60 days. The accounting must include the following information: Date of each disclosure; name and address of the organization or person who received the protected health information; brief description of the information disclosed; brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure. The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee. You may revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

Our Responsibilities under the Federal Privacy Standard: In addition to providing you your rights, the federal privacy standard requires us to take the following measures: Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information; provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you; abide by the terms of this notice; and mitigate or lessen the harm of any breach of privacy. We will not use or disclose your health information without your consent or authorization, except as described in this notice or required by law, including most uses or disclosures of psychotherapy notes, marketing, and sales of PHI. Other uses and disclosures not described in this notice will be made only with your written consent.

Disclosures for Treatment, Payment, and Health Care Operations: We may use and disclose your personal health information to plan, provide and coordinate your health care treatment and related services. We may share written and verbal communication with your primary care physicians, psychiatrists, dietitians and other health care providers involved in your care. We may use and disclose your personal health information to obtain payment for health care treatment and related services provided to you. We may send a bill to you or a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used. We may use and disclose your personal health information to maintain our health care operations. These activities include case consultations, treatment team meetings, risk assessments, administrative tasks, peer review and quality improvement. We will use this information in an effort to continually improve the quality and effectiveness of the health care treatment and related services that we provide. **Business Associates:** We provide some services through contracts with business associates. We may disclose your health information to the business associates so that they can perform the functions that we have contracted with them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do. **Directory:** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. **Notification:** We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, location and general condition. **Communication with family:** Unless you object, using our best judgment, we may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care. **Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy or your health information. **Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties. **Marketing/continuity of care:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we contact you to provide marketing information for other products or services, you have the right to opt out of receiving such communications. **Fundraising:** We may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials. **Food and Drug Administration:** We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs or replacement. **Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law. **Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease injury, or disability. **Correctional institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. **The Federal Department of Health and Human Services:** Under the privacy standards, we must disclose your health information to DHHS to determine our compliance with those standards.

To contact our Privacy Officer, please address all correspondence to Steve Varechok, 4505 South Wasatch Blvd, Suite 320, Salt Lake City, UT 84124. (801) 277-8100. Original date of this notice effective April 1, 2003. Current modifications effective January 1, 2016.

NOTICE OF PRIVACY PRACTICES



Signature of Client (Responsible Party if a Minor)

Date