



NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. The privacy of your health information is important. Please review this brochure carefully.

LEGAL DUTY

In addition to professional licensing standards, we are required by applicable federal and state laws to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We reserve the right to change these privacy practices and the terms of this notice at any time, and will make these changes available to you.

CODE OF ETHICS

The professionals of Salus Counseling depending upon their professional affiliation, adhere to the ethical codes of The American Counseling Association, The American Psychological Association, and The American Association of Marriage and Family Therapy. We use and disclose health information about you for treatment and payment subject to the following:

PAYMENT We may use and disclose your health information in order to obtain payment of services provided to you.

TREATMENT We may use or disclose your health information to a physician or other healthcare provider providing treatment to you only when you authorize us to do so by a signed Release of Information.

YOUR AUTHORIZATION Additionally, you may give us written authorization to disclose your health information to anyone for any purpose. If you provide an authorization, you may revoke it in writing at any time.

AS REQUIRED BY LAW We may use or disclose your health information when required to do so by law.

TO YOUR FAMILY AND FRIENDS We must disclose your health information to you as described in the Client's Rights section of this brochure. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree in writing that we may do so.

ABUSE OR NEGLECT We may disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

APPOINTMENT REMINDERS We may use or disclose your health information to provide you with appointment reminders such as voice mail messages, postcards, or letters.

CLIENT'S RIGHTS

— — YOUR HEALTH INFORMATION

ACCESS You have the right to look at or get copies of your health information (but not including psychotherapy notes), with limited exceptions. You may request that we provide information in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your

health information. We will charge you a reasonable cost-based fee for expenses such as copies & time.

RESTRICTION You have the right to request that we place additional restrictions on the use or disclosure of your health information. We are not required to agree to these additional restrictions but if we do, we will abide by our agreement except in an emergency.

DISCLOSURE ACCOUNTING You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment or payment and certain other activities prior to April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

ALTERNATIVE COMMUNICATION You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make this request in writing, specifying the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

AMENDMENT You have the right to request that we amend your health information. Your request must be in writing and explain why the information should be amended. We may deny your request under certain circumstances.

Questions?

Please call **208-297-3197** if you need more information. You can also visit the website at www.saluscounseling.com or e-mail saluscounseling@ymail.com