



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future mental health or physical health condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or by providing one to you at our next appointment.

HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other therapists for the purpose of peer consultation/supervision as well as appointment reminders. I may disclose PHI to any other consultant only with your authorization.

For Payment: I may use and disclose PHI so that I can receive payment for treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection and payment.

For Health Care Operations: I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, health and safety inspections, and conducting or arranging other business activities. For training or teaching purposes, PHI will only be disclosed with your authorization.

Business Associates: I may disclose information about you to certain business associates who help me run my business. When any services are contracted, I may disclose your health information so the contractors may perform the job I have asked them to do. An example of this would include providing information to a biller for the purposes of reimbursement.

Required by Law: I must make disclosures of your PHI as required by federal, state, or local law. Also under law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for purposes of investigating or determining my compliance with the requirements of the Privacy Rule.

Without Authorization: Applicable law and ethical standards require me to disclose information about you without authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are those that are:

- Required by law (such as mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work auditing board or the health department))
- Required by a Court Order (such as a subpoena signed by a judge or an order from a judge)
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the

public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target(s) of the threat (such as the police for threats of violence or to a family member involved in care in instances of suicide risk).

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization:

Abuse & Neglect	Judicial & Administrative Proceedings
Emergencies	Family Involvement in Care
Law Enforcement	National Security
Public Health	Public Safety

Verbal Permission: I may use or disclose your PHI to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing at any time.

YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to:

North Star Counseling of Jackson
Sandra Cole, LMSW, ACSW
180 W Michigan Ave, Suite 802, Jackson, MI 49201

Right to inspect and copy: You have the right, which may be denied in all or in part only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. If you are denied access, you may request that the denial be reviewed. I will choose another health care professional to review your request and the denial. I will comply with the outcome of the review. I may charge a reasonable, one-time, cost-based fee for copies.

Right to amend: If you feel that the PHI I have about you is incomplete or incorrect, you may ask me to amend the information, although I am not required to agree to the amendment. I may deny your request to amend information that: was not created by me, is not part of the medical information kept by me, is not part of the information you would be permitted to inspect and copy, or is accurate and complete.

Right to an accounting of disclosures: You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge a reasonable fee if you request more than one accounting in any 12-month period.

Right to request restrictions: You have the right to request a restriction or a limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree with your request, however.

Right to request confidential communications: You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For instance, you can request that I only contact you at work, home, or by mail.

Right to a copy of this notice: You have a right to have a copy of this notice. This copy can be in either electronic or paper form.

COMPLAINTS:

If you believe your privacy rights have been violated, you have the right to file a complaint in writing to me, Sandra Cole, LMSW, ACSW at North Star Counseling of Jackson, 180 W Michigan Ave, Suite 802, Jackson, MI 49201, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C., 20201. All complaints will be investigated and ***there will be no retaliatory action in response to your filing a complaint.***