

Notice of Privacy Practices

This notice describes how health care information about you may be used and disclosed and how you can get access to this information.

Protected Health Information

The counseling services provided to you through AUTHENTIC CHANGE COUNSELING LLC are defined as "health care services" by federal law. Your health record consists of a paper and electronic record of your personal identifying information and information that relates to your health care services at AUTHENTIC CHANGE COUNSELING LLC. Information that can be used to identify you and that relates to your past, present or future health condition, receipt of health care, or payment for health care constitutes your "Protected Health Information" (PHI) and is protected by federal and state law. This document provides you with notice of our legal duties and privacy practices related to your PHI.

Responsibilities

AUTHENTIC CHANGE COUNSELING LLC is required to:

- Maintain the confidentiality of your PHI in accordance with the Health Insurance Portability and Accountability Act ("HIPAA").
- Honor your requested restrictions regarding the use and disclosure of your PHI unless under the law I am authorized to release your PHI without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your PHI during our regular business hours and
- Abide by the terms of this notice.

How health information may be used or disclosed about you

- **Treatment Purposes.** Your PHI may be used and disclosed by AUTHENTIC CHANGE COUNSELING LLC for the purpose of providing, coordinating, or managing your health care treatment and related services. I may disclose PHI to any other consultant only with your authorization.
- **Payment Purposes.** PHI may be used or disclosed to receive payment for the treatment services provided to you, where applicable. This will only be done with your authorization.
- **Health Care Operations.** I may use or disclose, as needed, your PHI in order to support business activities including, but not limited to conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. The PHI released will be the minimum necessary to perform the business activity.
- **Required by Law.** Under the law, I must disclose your PHI to you upon your request to the extent to which such PHI would not be deemed harmful to you or others. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Disclosures that can be made with your authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke at any time, except to the extent that I have already made a disclosure based upon your authorization. The following uses and disclosures outline examples of disclosures that will be made **with your written authorization**:

- Verification of your use of AUTHENTIC CHANGE COUNSELING LLC services
- Most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record
- Any and all documents in which identifying information and PHI is held
- Most uses and disclosures of PHI for marketing purposes, where applicable
- Research conducted that includes your PHI, where applicable

Disclosures that can be made without your authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. Following is a list of categories of uses and disclosures permitted by HIPAA without your authorization:

- **Child Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- **Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- **Threat of harm to self or others.** I may disclose to family members, emergency personnel, and/or other applicable persons, information that is essential to protect you from physical harm due to expressed intentions toward self harm or harm to others or the inability, due to physical or mental health impairment, to obtain necessary medical or mental health care. Disclosure to non-medical personnel is allowable only if deemed imperative for your safety.
- **Public Safety.** In matters of a violation of Federal Department of Transportation regulations, specific PHI may be disclosed to designated parties when you are required to participate in a mandated evaluation process.
- **Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- **Law Enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- **Other.** If required, I may use or disclose your PHI for other purposes not identified in this notice after informing you in advance, where possible, of our legal requirement to do so.

Your rights regarding your PHI

You have the following rights regarding PHI I maintain about you.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are 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 or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for

amendment, you have the right to file a statement of disagreement with us. I may prepare a rebuttal to your statement and will provide you with a copy.

- **Right to an Accounting of Disclosures.** You have the right to obtain an accounting of certain disclosures by us of your Protected Health Information for the past six years.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

Complaints

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257.

Effective Date

This notice is effective January 2, 2014. I reserve the right to revise these practices with respect to Protected Health Information and to amend this notice.