



## Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

### Overview of Privacy Issues

It is our legal duty to safeguard your **Protected Health Information (PHI)** and release it only in accordance with state and federal laws and the ethics of the counseling profession. Federal regulations require this practice to give you a **Notice of Privacy Practices (NPP)** to explain how your **PHI** may be used and disclosed as well as to inform you of your rights pertaining to your health information. You may have additional questions or concerns and you are encouraged to voice these concerns before starting your treatment at HeartLink Christian Counseling, PLLC and throughout our work together.

PHI is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health and related health care.

### Your Rights under the Privacy Rule

**You have the right to get a copy of this NPP:** You can ask for a paper copy of this notice at any time. Even if you have received an electronic copy, you have a right to get a paper copy as well. We reserve the right to change the terms of our notice at any time. Upon making any changes we will post the new NPP on our website at [www.heartlinkchristiancounseling.com](http://www.heartlinkchristiancounseling.com) and it will be available in our offices. Upon your request, we will provide you with a revised NPP.

**You have the right to authorize other use and disclosure:** This means you have the right to authorize or deny any other use or disclosure of PHI not specified in this notice. You may revoke an authorization at any time, in writing, except to the extent that our office has taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to designate a personal representative:** This means you may designate a person with the delegated authority to consent to or authorize the use or disclosure of PHI.

**You have the right to inspect and copy your PHI:** In general, this means you may inspect and obtain a copy of your PHI that is contained in your client record. You must request it in writing and you will receive a response within 15 days. In certain cases, we may deny your request. If you ask for copies of your PHI, we reserve the right to charge a reasonable fee for making copies of the requested PHI.

**You have the right to request a restriction of your PHI:** This means you may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. In certain cases, we may deny your request for a restriction.

**You have the right to receive confidential communication:** You have the right to receive communications by alternative means (for example, via email instead mail) and at alternative locations. Upon receiving your written request, we will comply with all reasonable instructions.

**You may have the right to have us amend your PHI:** This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

**You have the right to get a list of disclosures made:** You are entitled to a list of disclosures of your **PHI** that we have made. The list of disclosures will not include uses and disclosures to which you have already consented (i.e., those for treatment, payment or health care operations and certain other disclosures that you asked us to make.) The list given you will include disclosures made in the previous six years unless you indicate a shorter period. Upon receiving a written request, we will provide the list to you at no cost unless you make more than one request in the same year, in which case we will charge you a reasonable sum.

### **How We May Use or Disclose Protected Health Information**

The following are examples of use and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**For Treatment:** We may use and disclose your PHI to provide, coordinate or manage your health care and any psychological treatment and related services. This might include individual, couples, family or group counseling and any testing or treatment planning. Additionally, this might include the coordination or management of your health care with a third party that is involved in your treatment. For example, this could be to a physician who is involved in your care and treatment.

**For Payment:** Your PHI will be used, as needed, to obtain payment for our health care services. This may include certain activities that we, a contracted business associate and/or your health insurance company undertake or need for the approval or payment of health care services such as: making a determination of coverage for insurance benefits, reviewing services provided to you for medical necessity, undertaking utilization review activities and preauthorization of services. For example, a claim submission to your insurer would require your diagnosis and services rendered to be disclosed to the insurer for payment.

**For Healthcare Operations:** We may use or disclose, as needed, your PHI to support the business activities of our practice. This includes, but is not limited to, business planning and development, quality assessment and improvement, legal services, peer consultation, training and insurance related activities. Additionally, it includes business administrative activities such as customer service, scheduling and compliance with privacy requirements.

### **Your Choices**

For certain PHI, you can tell us your choices about what we disclose. If you have a clear preference for how this practice discloses your information in the following situations, please let us know.

**To Others Involved in Your Healthcare:** We may disclose to a member of your family, a relative, a close friend or any other person whom you identify your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary to lessen serious imminent threat to health or safety.

### **Disclosure of PHI in a Disaster Relief Situation**

**Marketing purposes:** Your PHI is never used for marketing without your written consent.

**Psychotherapy notes:** These notes are accorded strict protection by laws, regulations and ethics; therefore, we will disclose only upon your written authorization unless required by law or legal proceedings.

### **Other Permitted and Required Uses and Disclosures**

We may also use and disclose your PHI without your consent or authorization as follows:

**For Worker's Compensation claims:** We may disclose PHI to comply with worker's compensation laws.

**For Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. We may disclose PHI to help with public health and safety; for example, to prevent or reduce a serious threat to anyone's health or safety in emergency situations.

**In Cases of Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child, elder, or dependent adult abuse, neglect or exploitation.

**For Legal Proceedings:** We may disclose PHI in the course of judicial or administrative proceedings, in response to an order of a court and in certain conditions in response to a subpoena, discovery request or other lawful process.

**Required Uses and Disclosures:** Under the law, we must make disclosures about you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

**You have the right to file a complaint if you feel your rights have been violated:** To ask for information, clarification or to complain regarding our privacy practices please contact Stacey Farmer at HeartLink Christian Counseling by phone at 972-454-0123 or write her as follows: Stacey W. Farmer, Privacy Officer, HeartLink Christian Counseling, 1475 Richardson Drive, Suite 230, Richardson, TX 75080.

If we are not able to resolve your concern/complaint, you may also send a written complaint to the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201, call 1-877-696-6775 or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). If you file a complaint about our privacy practices, we will take no retaliatory action against you.

Effective Date of this Notice: This notice went into effect on April 3, 2017.