

YOUR HEALTH INFORMATION AND YOUR RIGHTS: Our Privacy Policy

As part of your counseling here, a record will be made of each visit and any other important exchange of information on your behalf. This record may include your symptoms, diagnosis, treatment plans, social history, authorizations, mental status, other impressions, and evaluations. Your information is used by insurance companies to verify that the services billed for were actually provided. Although your health record belongs to your healthcare provider, you do have certain rights with regard to your health information.

YOUR RIGHTS INCLUDE THE FOLLOWING:

- The right to expect that your information will be kept secure and used only for legitimate purposes.
- The right to understand how your information may be used and disclosed.
- The right to ask questions about any health privacy issue and to get clear and prompt answers.
- A limited right to know who has seen your health information and for what purpose(s).
- A right to see and to keep a copy of all your health records based on mental competency—except psychotherapy notes. Your request must be in writing and you will be charged a \$20.00 handling fee along with a fee of \$0.50 per page per side copied.
- A right to ask for correction or inclusion of a statement of disagreement for anything in your records that you feel is in error. Your request must be in writing and include supporting documentation.
- A right to authorize or refuse additional uses of your health information, such as for fundraising, marketing, or research.
- A right to request extra protections for health information you consider especially sensitive, and to request that we communicate with you by alternative means.

COUNSELOR'S RESPONSIBILITIES INCLUDE:

- Maintaining the privacy of your record.
- Providing you with a copy of this Notice.
- Abiding by the terms of this Notice.
- Notifying you if we are unable to agree to a requested restriction or amendment to this Notice.
- Accommodating reasonable requests you may have to communicate health information by alternative means.

DISCLOSURES FOR TREATMENT, PAYMENT & HEALTHCARE OPERATIONS:

Your health information will not be used or disclosed without your authorization, except as described in this Notice. Your information may be used for treatment, payment, and healthcare functions without your permission. However, if state law requires us to obtain written permission for such disclosures, we will do so.

We will use or disclose your health information for treatment. For instance, we may provide your physician or other healthcare provider with copies of reports that may help in determining your future treatment or in coordinating treatment.

We will use or disclose your health information for payment. In order to bill your insurance company, your bill may contain information that identifies you, your diagnosis, procedures, and dates and times of service. Your dates of services and charges may be disclosed for collection purposes as well, for example, sending past due bills to a collection agency.

We will use or disclose your information for healthcare operations and internal business practices.

We will use or disclose your information for clinical case supervision as required, desired, or needed.

OTHER DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION:

Family members, personal representatives, or another person responsible for your care may be informed about your location and general condition and health information relevant to that person's involvement in your care or payment related to your care.

Some services of the practice are provided through contractual arrangements with business associates, such as the front office staff, cleaning services, computer services, billing services, and accounting services. These business associates must also use appropriate safeguards to protect your health information.

In Worker's Compensation situations, we may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to Worker's Compensation or other similar programs established by law.

When required or permitted by law, we may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury, abuse, disability, or performing other public health functions. In addition, we may disclose your health information in order to avert a serious threat to public or personal health or safety.

We may disclose your health information for military and veterans' activities, national security and intelligence activities, and similar special governmental functions, as required or permitted by law.

Some disclosures are required by law. These may include a valid subpoena, court order, or other form of binding legal authority.

Your health information may be disclosed to appropriate health oversight agencies, a public health authority, or an attorney involved in health oversight activities.

NOTE: If our information practices change, we may change this notice. If so, the changes will be effective for information gathered both before and after the effective date of such changes.

COMPLAINTS: If you believe your privacy rights have been violated, you can file a complaint through us or directly with the Secretary of Health and Human Services in Lincoln, Nebraska. We promise not to retaliate against you for filing such a complaint.

I formally acknowledge that I have received a copy of this Privacy Notice:

Print Name: _____ Signature: _____ Date Signed: _____