

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 it carefully.

It is our legal duty to safeguard your protected health information (PHI).

We are required by law to maintain the privacy of your health information, to notify you of our legal duties and privacy practices with respect to your health information and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your protected health information. Our duties and your rights are set forth more fully in 45 C.F.R. part 164. We are required to abide by the terms of our Notice that is currently in effect.

Uses and Disclosures of Information That We May Make Without Written Authorization

We may use or disclose protected health information for the following purposes without your written authorization. These examples are not meant to be exhaustive.

Treatment: We can use your PHI within our practice to provide you with mental health treatment, including discussing or sharing your PHI with our supervisors, trainees and interns. We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide you with healthcare services or are otherwise involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI to her/him to coordinate your care.

Payment: We may use and disclose your PHI to bill and collect payment for the treatment and services we provided you. Example: We might send your PHI to a third-party payer you have listed and authorized in order to get payment for the health care services that we have provided to you. We could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for our office.

Healthcare Operations: We may disclose your PHI to facilitate the efficient and correct operations of our practice. Example: Quality control – We might use your PHI in the evaluation of quality health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. We may also provide your PHI to our attorney, accountants, consultants, audits, and others to make sure that we are in compliance with applicable laws.

Other Uses Or Disclosures: We may use or disclose your health information for certain other allowed by 45 CFR part 164.512 or other applicable laws and regulations, including the following:

1. When disclosure is required by federals, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: We may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to Idaho Health and Safety Codes or to corresponding federal statues of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to meds).
6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the Idaho Child Abuse and Neglect Reporting Law. For example: if we have a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the Idaho Elder/Dependent Adult Abuse Reporting Law. For example: If we have reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact you tell us of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. Example: in the case of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.
11. For health oversight activities. Example: We may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

12. For specific government functions. Examples: We may disclose PHI of military personnel and veterans under certain circumstances. Also, we may disclose PHI in the interests of national security, such as protecting the president of the United States or assisting with other intelligence operations.
13. For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.
14. For Workers' Compensation purposes. We may provide your PHI in order to comply with Workers' Compensation Laws.
15. Appointment reminders and health related benefits or services. Examples: We may use PHI to provide appointment reminders. We may use your PHI to give you information about alternative treatment options, or other health care services or benefits we offer.
16. If an arbitrator or arbitration policy compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
18. If disclosure is otherwise specifically required by law.

Uses and Disclosures of Information That We May Make Unless You Object

Unless you instruct us otherwise, we may use and disclose protected health information in the following instances without your written authorization:

Persons involved in your health care: Unless you object, we may disclose protected health information to a member of your family, or other person identified by you who is involved in your health care or the payment for your health care. We will limit disclosure to the protected health information relevant to that person's involvement in your health care or payment. This rule also allows the physician to make relevant disclosures to the deceased's family and friends under essentially the same circumstances as mentioned above.

Notification: Unless you object, we may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Uses and Disclosures of Information That We May Make with Your Written Authorization

Other uses and disclosures not described in this Notice will be made only with your written authorization, including most uses or disclosures of psychotherapy notes. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

Your Rights Concerning Your Protected Health Information

You have the following rights concerning your protected health information. To exercise any of these rights, you must submit a written request to the Privacy Contact identified below.

- You have the right to request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are *not* required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer or third-party payer. You also have the right to opt-out of communications used for fundraising or marketing.
- We normally contact you by telephone, mail at your home address, or email. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.
- You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We may charge a reasonable fee, which covers our costs for labor, supplies and postage for any records that are being released. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.
- You may request that your protected health information be amended. We ask that you make this request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete. If we deny

- your request, you have the right to submit a written statement of your disagreement with that decision.
- You may receive an accounting of certain disclosures we have made of your protected health information. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
 - You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

Individuals' Right to Restrict Disclosures; Right of Access

To implement the 2013 HITECH Act, the Privacy Rule is amended. Your counselor is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not other required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provision do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan).

The 2013 Amendments also adopt the proposal in the interim rule require your counselor to provide you, the patient, a copy of PHI to any individual patient requesting it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that your counselor must provide you only with an electronic copy of their PHI, not direct access to their electronic health records systems. The 2013 Amendments also give you the right to direct your counselor to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that your counselor may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timelines requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

Changes To This Notice

We reserve the right to change the terms of this Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from our receptionist or Privacy Officer.

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Your file will include documentation of uses and disclosures of psychotherapy notes that requires prior authorization by you. Marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI. Each Independent Contracting Counselor operates as their own Privacy Officer (PO) as they are their own entity within the Refuge Counseling Center LLC entity. The Refuge Counseling Center LLC PO oversees all privacy practices for the center itself, for employed counselors, and in oversight of those contracted with the Center.

Complaints And Breach Of Notification

Initial Complaints should be addressed with your counselor. You may also file a complaint with us by notifying our Privacy Officer. All complaints must be in writing. You also have the right to file complaint with the Idaho Department of Occupational Licenses or the Secretary of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

Contact Information

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact:

Privacy Officer: Dori Halbert M.Ed LCPC

Phone: (208) 465-4985

Address: 4144 E. Amity Ave. Nampa, ID 83687

Email: dori@refugecounseling.com

Effective Date

This notice is effective today. December 1, 2016