

Christian Life Counseling

PRIVACY PRACTICE NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect the privacy of your personal health information. We are committed to maintaining the confidentiality of our clients' personal health information. This notice applies to all information and records related to your care that our Counseling Clinics have received or created. It extends to information received or created by our staff and counselors. This notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.

We are required by law to:

- 1 Maintain the privacy of your protected health information;
- 2 Provide to you this detailed notice of our legal duties and privacy practices relating to your personal health information; and
- 3 Abide by the terms of the notice that is currently in effect.

Christian Life Counseling participates in an organized health care arrangement. As such, we may share your health information and the health information of others we service with each other as needed for treatment, payment or health care operations relating to our organized health care arrangement.

I. WITH YOUR CONSENT WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

You will be asked, as part of the "Consent for Treatment," to consent to enabling us to use and disclose your personal health information for purposes for treatment, payment and health care operations. We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

FOR TREATMENT: We will use and disclose your personal health information in providing you with treatment and services. We may use and disclose your personal health information to other healthcare personnel in order to treat you or to assist in your treatment. For example, we may consult with the agency's supervising psychiatrist and/or psychologist regarding the course of your treatment.

FOR PAYMENT: We may use and disclose your personal health information so that we can bill and receive payment for the treatment and services you receive at our clinic. Unless you object, we may use and disclose your personal health information in order to bill and receive payment for the treatment and services from your health insurance plan. For example, we may contact your health insurance plan to verify that you are eligible for benefits and for what range of benefits.

FOR HEALTH CARE OPERATIONS: We may use and disclose your personal health information in connection with our health care operations. These uses and disclosures are necessary to manage the clinic and to monitor our quality of care. Health care operations include:

- 1 Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
- 2 Medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- 3 Business planning and development; and
- 4 Business management and general administrative activities, including management activities

relating to privacy, customer services, and resolution of internal grievances.

For example, we may use personal health information to evaluate our clinic services, including the performance of our staff.

II. WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU AND FOR OTHER SPECIFIC PURPOSES.

APPOINTMENT REMINDERS: We may use or disclose personal health information to remind you of appointments.

TREATMENT ALTERNATIVES: We may use or disclose personal health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

AS REQUIRED BY LAW: We will disclose your personal health information when required by law to do so. Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, certain physical injuries, or respond to a court order.

FOR PUBLIC HEALTH ACTIVITIES: We may be required to report your health information to authorities to help prevent injury. This may include using your health record to report information related to child abuse or neglect.

FOR HEALTH OVERSIGHT ACTIVITIES: We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

FOR ACTIVITIES RELATED TO DEATH: We may disclose your health information to the State Department of Health and Family Services so they can carry out their duties related to deaths associated with a psychotropic medication or suicide.

TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY: As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

FOR MILITARY, NATIONAL SECURITY, OR INCARCERATION/LAW ENFORCEMENT CUSTODY: If you are involved with the military, national security, or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

FOR WORKERS' COMPENSATION: We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OR DISCLOSURES OF PERSONAL HEALTH INFORMATION

You may give us written authorization to use your personal health information or to disclose it to anyone for any purpose. If you give us an Authorization, you may revoke it in writing at any time with the clinic at which you were treated. Your revocation will not affect any use or disclosures permitted by your Authorization while it was in effect. Unless you give us a written Authorization, we cannot use or disclose your personal health information for any reason except those described in this notice.

A NOTE ON OTHER RESTRICTIONS

Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are more specific restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. We are also required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

There may be other restrictions on how we use and disclose your health information than those listed above. We believe state and federal laws discussing such restrictions are Wisconsin Statutes Sections 146.82, 51.30, 895.50, and 905.04; Wisconsin Administrative Code HFS 92 and 124.14; and 42 C.F.R. Part 2 and 45 C.F.R. Parts 160 and 164.

IV. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

While your health records are the physical property of the Christian Life Counseling, the information contained in the health record ultimately belongs to you. You have the following rights regarding your personal health information that we maintain about you:

CONFIDENTIAL COMMUNICATIONS: You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a confidential communication, submit a written request to the clinic where you are being treated, specifying the requested method of contact or the location where you wish to be contacted. Our clinics will accommodate reasonable requests. You do not need to give a reason for your request.

REQUEST RESTRICTIONS: You have the right to request restriction in our use or disclosure of your personal health information for treatment, payment, or healthcare operations. Additionally, you have the right to request that we limit our disclosure of your personal health information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

You may verbally request that we restrict our disclosure of your personal health information, however, we may request that you submit your request in writing at the clinic where you are being treated. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our clinic's use, disclosure or both; and (c) to whom you want the limits to apply.

ACCESS: You have the right to inspect and obtain a copy of your personal health information that we use to make decisions about you, including medical records and billing records, except as excluded by law such as psychotherapy notes. Submit your request in writing to the office in which you received treatment in order to inspect or obtain a copy of your personal health information. We may charge a reasonable fee for our costs in copying and mailing your requested information. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to personal health information, in some cases you will have a right to request a review of the denial. This review would be performed by a licensed health care professional designated by the clinic who did not participate in the decision to deny.

AMMENDMENT: You have the right to request that we amend your personal health information if you believe it is incorrect or incomplete as long as the information is kept by or for Christian Life Counseling. You may ask to amend your health information with the clinic that created the information. You must make your request in writing, and it must explain why the information should be amended.

We may deny your request for amendment if the information:

- 1 Was not created by our clinic, unless the originator of the information is no longer available to act on your request;

- 2 Is not part of the personal health information kept by or for the clinic;
- 3 Is not part of the information to which you have a right to access; or
- 4 Is already accurate and complete, as determined by the clinic.

If we deny your request for amendment, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted to amend.

If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

ACCOUNTING OF DISCLOSURES: You have the right to request an “accounting” of our disclosures of your personal health information. This is a listing of certain disclosures of your personal health information made by the clinic at which you were treated for purposes other than (a) treatment, payment and health care operations, (b) as consented and/or authorized by you, and (c) for certain other activities, as of April 14, 2003. To request an accounting of disclosures, you must submit a request in writing to the clinic at which you were treated. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure or a copy of the request. The first accounting within a 12-month period will be free, for further requests, we may charge you a reasonable cost-based fee.

RIGHT TO A PAPER COPY OF THIS NOTICE: You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of the notice at any time. To obtain a paper copy of this notice, contact the clinic at which you were being treated.

V. COMPLAINTS

If you have concerns that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal health information or in response to a request you made to amend or restrict the use or disclosure of your personal health information, you may file a complaint in writing with the clinic at which you were treated. To file a complaint with the clinic, contact Eric Seybold, PhD or Tanya Gerhard, MSW.

You may also submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to privacy of your personal health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

VI. CHANGES TO THIS NOTICE

We will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in the notice. We reserve the right to change this notice and to make the revised or new notice provisions effective for all personal health information already received and maintained by Christian Life Counseling as well as for all personal health information we receive in the future. We will post a copy of the current notice in each clinic. We will provide a copy of the revised notice to all clients and/or their representatives.