

Pathways Counseling Center, LLC.

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practice, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and remains in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We are committed to maintaining the confidentiality of your protected health information, specifically, your past, present, or future physical or mental health condition. We use and disclose health information about you as is customary and reasonable for the purpose of treatment, payment, and healthcare operations. In using and disclosing your health information, we meet the Privacy Rule's "minimum necessary requirement," as appropriate.

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider involved in your treatment.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations may include, but are not limited to, quality assessment and improvement activities, professional peer review, evaluating practitioner and provider performance, conducting training programs, licensing or credentialing activities or business management.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your healthcare information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. 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 health information for any reason except those described in this Notice.

**Minimum Necessary Requirement:** When using, disclosing, or requesting your health information, we make reasonable efforts to limit the information to the minimum necessary to accomplish the intended purpose of the use disclosure or request. We recognize that the requirement also applies to other healthcare professionals that request our client's records and require that such requests meet the standard as required by law. The minimum necessary requirement does not apply to disclosures for treatment purposes, when we share information with you, or when patient authorization is given. It does not apply for uses and disclosures as required by law or to uses and

disclosures that are required for compliance with the Privacy Rule.

**Family and Friends:** We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare.

**Business Associates:** At times, it may become necessary for us to provide your health information to certain outside persons or organizations that assist us with our healthcare operations, such as auditing services, legal services, accountants, collection agencies, or for claims submission. To properly safeguard the privacy of your health information, we will require the business associate to sign a written contract with our office.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required By Law:** We may use or disclose your health information when we are required to do so by law.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national activities. We may disclose to correcting institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to our health or safety, or the health or safety of others.

**Appointment and Services:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) or other pertinent information relating to your care.

## **PATIENT RIGHTS**

**Access:** You have the right to inspect or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$ .25 for each page, \$15.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure. You may not inspect or obtain a copy of the "Psychotherapy Notes," Psychotherapy Notes are defined as the personal information documenting or analyzing the content of a conversation which occurred during a private counseling session, nor inspect information compiled in "reasonable anticipation" of, or for use in, a civil, criminal, or administrative action.

**Disclosure Accounting:** You have the right to receive an accounting of instances in which we (or our business associates) disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003, subject to certain exceptions, restrictions,

or limitations. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that your health information be amended or corrected. Your request must be in writing, and it must explain why the information should be amended or corrected. We may deny your request under certain circumstances.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us by using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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