

## Journey Counseling of Coeur d' Alene

### Notice of Privacy Practices

This notice describes how health-related information about you may be used and disclosed under the Federal HIPPA Act.

**Effective Date: January 1, 2005**

**Updated: April 18, 2013**

Our obligations and commitment to you.

Journey Counseling of Coeur d' Alene (CDA) takes the privacy of you/your child's health information seriously. The information we collect about you and your mental and physical health issues is considered "private", and is protected by state and federal laws. This information is referred to as "Protected Health Information" or "PHI" and is information in your record that could identify you such as your name, address or date of birth. We not only follow all state and federal laws protecting your PHI, we also attempt to limit any disclosure of information about you to the minimum necessary to do our jobs. We further expect all of our employees, consultants, volunteers and business partners to respect your privacy and abide by the same laws. Journey Counseling of CDA creates a record of your care in order to supply you with quality care and to document our services for legal and billing purposes. This notice informs you of the ways that we may use and disclose this information and to who, and also what rights you have about your PHI.

How we may use and disclose health information:

Described as follows are ways we may use and disclose health information that identified you, with your consent.

- For treatment- We may need to consult with a doctor or medical specialist you are seeing to provide the most effective treatment.
- For payment-Our billing department may provide information to your health insurance company so we can be reimbursed for our services. Examples of this would be determining eligibility or coverage or providing a written report of your progress.
- For health care operations -We may use information your record for normal health care operations. For example one of our staff will enter your information into our computer system.
- To contact you -Unless otherwise specified by you, we may use the information you provide us to contact you by telephone or voice-mail in order to return a message or relay information to you.

Described as follows are special situation in which your Personal Health Information may be used or disclosed without your consent or authorization.

- As required by law: We will disclose information when required to do so by federal, state or local law. For example, we are obligated by law to report suspected abuse of a child or vulnerable adult.
- To avert a Serious Threat to Health of Public Safety: We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. However, disclosures in these areas will only be made to someone who may be able to prevent the action and only will involve a discussion about issues relevant to the threat.
- Lawsuits and Other Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court order if signed by a judge. Any other disclosures of Health Information in response to subpoena,

discovery request, or other lawful process by someone else involved in the dispute, must have your written permission.

- Health Oversight Activities: We may disclose Health Information for purposes of health oversight regarding health-care delivery as authorized by law. These activities may include insurance audits or investigations.
- Worker's Compensation: We may disclose your Health Information as authorized by and to the extent necessary to comply with worker's compensation laws or laws relating to similar programs.

### Special Uses and Disclosures Requiring Authorization

Journey Counseling of CDA may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Journey Counseling of CDA is asked for information for purposes outside of treatment, payment, health care operations, or those required by law, Journey Counseling of CDA will obtain an authorization from you before releasing this information. Such an authorization is required to release psychotherapy notes which are given a great degree of protection than PHI.

**Your Rights:** You have the following rights regarding the Protected Health Information we have about you:

- The right to request restrictions on certain uses and disclosures of protected health information.
- The right to receive confidential communications of PHI, for example, to receive phone calls and written communication at a specified addresses and phone numbers.
- The right to inspect and copy PHI, including notes and reports, as provided in the Privacy Regulation. These requests must be made in writing.
- The right to amend PHI, as provided in the Privacy Regulation. These requests must be made in writing and may be denied for reasons provided in the Privacy Regulation.
- The right to receive an accounting of disclosures of PHI. This request must be in writing.
- The right to a paper copy of this Notice at any time.

**Changes to this Notice:** Journey Counseling of CDA is required to abide by the terms of the Notice currently in effect. We reserve the right to change this Notice and to make the new notice apply to the Health Information we already have as well as any information we receive in the future. Journey Counseling of CDA will provide individuals with a revised Notice by mail or in person.

**Questions/Complaints:** If you have questions about this Notice, or are concerned that your privacy rights have been violated you may contact Michael Unruh, MA, LCPC.

You may also send a written complaint, without penalty to the Secretary of the U.S. Department of Health and Human Services.

Date of receipt by client \_\_\_\_\_

Signature of client \_\_\_\_\_