

**NAUGLE COUNSELING SERVICES
NOTICE OF PRIVACY PRACTICES (“NOTICE”)**

**In accordance with the Health Insurance Portability and Accountability Act of 1996
(HIPAA)**

**THIS NOTICE DESCRIBES HOW MENTAL, BEHAVIORAL, MEDICAL, AND
OTHER HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

I. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). By law I am required to insure your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provisions of health care services to you, or the payment for such healthcare. I am required to provide you with the Notice about my privacy procedures. This Notice must explain when, why, and how I would use and /or disclose you PHI. Use of PHI means when I share, use, examine, or analyze information within my practice. PHI is disclosed when I release, transfer, give or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use, disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in the Notice.

II. Confidentiality of Your PHI – Your PHI is confidential. I am required to maintain the confidentiality of your PHI following federal and Pennsylvania laws.
Health Insurance Portability and Accountability Act of 1996 (HIPAA) – The Department of Health and Human Services issued the following regulations: “Standards for Privacy of Individually Identifiable Health Information.” We call these regulations the “HIPAA Privacy Regulations.” I may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require me to comply with Pennsylvania laws that are more stringent and provide greater protection fro your PHI.

This Notice is Important because the HIPAA Privacy Regulations require me to provide you with this Notice. The effective date of the Notice is April 14, 2003. I will post a current copy of the Notice in my office. A copy of my Notice is available upon request. I reserve the right to change the terms of this Notice at any time. The revised Notice will be posted in my office. The new

Notice will be effective for all PHI that I maintain at that time and for information I receive in the future.

- III. Authorization to Disclose Your PHI** – Except as described in this Notice, it is my practice to obtain your authorization before I disclose your PHI to another person or party. Pennsylvania law states that you are entitled to inspect the PHI before it is released. You may revoke an authorization at any time in writing. If you revoke an authorization, I will no longer use or disclose your PHI, However, I cannot undo any disclosures I have already made.

A. Uses and Disclosures for Treatment, Payment, and Health Care

Operations – The following categories describe different ways I may use and disclose your PHI in order to take care of you. Some of the uses or disclosures will require your prior written authorizations; others, however, will not. For each category I will provide some examples.

- 1. For Treatment** – It is necessary for me to use you PHI to care for you. I may disclose your PHI to Physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: if a psychiatrist is treating you, I may disclose your PHI to him/her in order to coordinate your care.
- 2. For Health Care Operations** – I may disclose you PHI to facilitate the efficient and correct operation of my practice. Examples: quality control – I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of healthcare professionals who provide you with those services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
- 3. For Payment** – I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide you PHI to business associates, such as billing companies, claims processing companies and others that process health care claims for my office. At this time, I do my own billing and do not use a billing company.
- 4. Other Use and Disclosures** – I may contact you to provide appointment reminders, other information about treatment alternatives, or other health related benefits that may be of interest to you.

B. Uses and Disclosures that may be made Without Your Authorization, but Subject to Your Opportunity to Agree or Object.

- 1. Your Opportunity to Agree or Object to Certain Uses and Disclosures.** It is my practice to obtain your written authorization prior to disclosing PHI to another person or party. However, as described in this section, it may be necessary to disclose your PHI without your written authorization. Under these circumstances, the HIPAA Privacy Regulations permit me to use or disclose PHI when you are present and have the capacity to make health care decisions if, prior to the use or disclosure, I obtain your agreement, provide you with an opportunity to object (and you do not express an objection), or I can reasonably infer from the circumstances, based upon my professional experience, that you do not object. If you are not present or the opportunity to obtain your agreement or objection cannot practicably be obtained due to your incapacity or an emergency, then I may, in the exercise of professional judgment, determine whether the disclosure is in my best interest and , if so disclose only PHI that is directly relevant to that person’s involvement in your case.
- 2. Family Members and Others Involved in Your Healthcare –** Subject to your opportunity to agree or object, I may share your PHI with a family member, other relative, close personal friend, or any other person you identify (your “personal representative”). The PHI shared with your personal representative will be directly relevant to your personal representative’s involvement with your care or payment for services. For example, your personal representative may act on your behalf by picking up for forms or medical supplies for you.
- 3. Notification –** Subject to your opportunity to agree or object, I may use or disclose PHI to notify or assist in the notification of (including identifying or locating) a personal representative of your location, general condition, or death.
- 4. Disaster Relief –** Subject to your opportunity to agree or object, I may use or disclose your PHI to a public or private entity (example: The American Red Cross) authorized by law or by its charter, to assist in disaster relief efforts. The purpose of such use or disclosure of your PHI is to coordinate with a disaster relief agency and /or your personal representative of your location, general condition, or death. Only specific information pertinent to the relief effort and the emergency may be released without your authorization.

C. Other Permitted and Required Use and Disclosures that may be made Without Your Authorization.

Introduction – Unless prohibited by more stringent Pennsylvania mental health, mental retardation, substance abuse laws, or other laws, the HIPAA Privacy Regulations permit me to use or disclose your PHI without your authorization or agreement under the following circumstance.

- 1. As Required by Law** – I will disclose PHI about you when Required to do so by federal or Pennsylvania law. Any sue or disclosure must comply with and be limited to the relevant requirements of the law. For example, I am required to report or disclose PHI related to child or elder abuse or neglect and commitment proceedings authorize by the Pennsylvania Mental Health Procedures Act of 1996.
- 2. Emergencies** – I may disclose your PHI in an emergency Treatment situation when use and disclosure of the PHI is necessary to prevent serious risk of bodily harm or death to you.
- 3. Public Health Activities** – If required by federal or Pennsylvania law, I will disclose your PHI for public health activities in order to: prevent disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications; notify a person who may be at risk for contracting or spreading a disease or condition; or notify appropriate government authorities if I believe a client has been the victim of abuse, neglect, or domestic violence, when required to do so by law or with your agreement. Only specific information required by law may be disclosed without your authorization.
- 4. Health Oversight Activities** – If required by law, I may use or Disclose PHI about you to a health oversight agency. A health oversight agency included government agencies such as Medicare, Medicaid, or county programs. Oversight activities include audits, accreditation, investigations, inspections, and utilization review.
- 5. To Avert a Serious Threat to Health or Safety** – The HIPAA Privacy Regulations permit me to use and disclose PHI about you when necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person. Under these circumstances, I will only disclose health information to someone who is able to help prevent or lessen the threat. However, if you are receiving mental health services, more stringent Pennsylvania laws require me to exercise reasonable care to warn another person if you

communicate a specific and immediate threat of serious bodily injury against a specific person or readily identifiable person.

6. **Disclosure in Legal Proceedings** – I am not permitted by Pennsylvania law to disclose PHI regarding mental health or drug and alcohol services in response to a Pennsylvania subpoena, unless a court or administrative agency issues me an order to release your PHI. Pennsylvania law requires me to make a good faith effort to notify you by certified mail at your last known address that I disclosed your PHI pursuant to a court order.
7. **Law Enforcement Activities** – I am not permitted by Pennsylvania law to disclose PHI regarding mental health or drug and alcohol services to law enforcement agencies or officials, except pursuant to a court order or in special circumstances required by law. For example, I may disclose the minimum necessary PHI to report a death, or criminal conduct on my premise.
8. **Special Situations** – I am not permitted by Pennsylvania law to Disclose PHI regarding mental health or drug and alcohol services, except pursuant to your authorization, a court order or in special circumstances required by federal and state laws. Subject to these more stringent federal or Pennsylvania laws, the HIPAA Privacy Regulations permit me to disclose PHI related to; military and veterans agencies; national security and protective services for the president and others; correctional institutions or if you are under the custody of a law enforcement official; a coroner or medical examiner to identify a deceased person or determine the cause of death; or to a funeral director as necessary to carryout their duties.

IV. YOUR RIGHTS REGARDING YOUR PHI

- A. **Rights to request Restrictions** – You have the right to request a limitation on a restriction or my use or disclosure of your PHI for treatment, payment, or healthcare operations. You may also request that I limit the PHI I disclose to family members, friends, or a personal representative who may be involved in your care. However, I am not required to agree to a restriction. If I agree to the requested restriction, I may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by making your request in writing, including: (a) what PHI you want to limit; (b) whether you want me to limit my use, disclosure or both; and (c) to whom you want the limits to apply.

- B. Right to Request Confidential Communication** – You have the right to request confidential communications from me to be sent to you in a certain way or at an alternative location. For example, you can ask that I only contact you at your home or by mail. I will accommodate reasonable request. I may also condition this accommodation by asking you for specific information. I will not request an explanation from you as to the basis for the request. Please make this request in writing specifying how and when you wish to be contacted.
- C. Right to Inspect and Copy** – You have the right to inspect and obtain a copy of your PHI that is contained in my records. However, you may not inspect or copy the following records; psychotherapy notes; or information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding. In addition, you may be denied access to your PHI if it was obtained from a person under a promise of confidentiality; or disclosure is likely to endanger the life and physical safety of you or another person. A decision to deny access may be reviewable. To inspect and copy PHI, submit your request in writing to Naugle Counseling Services. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, or other related costs.
- D. Right to Amend** – If you believe the PHI that I have collected about you is incorrect you have certain rights. If you are receiving mental health services, you have the right to submit a written statement qualifying or rebutting information in my records that you believe erroneous or misleading. This statement will accompany any disclosure of your records.

You also have the right under the HIPAA Privacy Regulations to request an amendment of the PHI maintained in my records. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend PHI that: was not created by me; the information is not part of the record kept by me; the PHI is not subject to inspection or copying; or the record is accurate and complete. If I deny your request to amendment, you have the right to appeal my decision and file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

- E. Right to Receive and Accounting of Disclosures** – You have the right to request an “accounting of disclosures.” This is a list of the disclosures I have made of PHI about you. I am not required to account for all disclosures including by way of example, treatment payment, or my health care operations, authorizations signed by you; or disclosures to you, to family members, or your personal representative involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after August 8, 2008.
- F. Right to Paper Copy of this Notice or to Receive this Notice by Email.**

V. GRIEVANCE PROCEDURES; RIGHT TO FILE A COMPLAINT – If in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the Secretary of the Department of Health and Human Services at:

200 Independence Avenue S.W., Washington DC. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.