

Notice of Patient Privacy Practice (HIPAA)

HIPAA NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A CLIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY

OUR COMMITMENT TO YOUR PRIVACY

Angel's Counseling LLC is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. The Notice describes how we may use and disclose your IIHI, your privacy rights in your IIHI and our obligations concerning the use and disclosure of your IIHI. If you have any questions about this Notice, please contact Angel's Counseling LLC at 360-518-2964.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

1. Treatment.

Angel's Counseling LLC may use your IIHI to treat you. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.

2. Payment.

Angel's Counseling LLC may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Angel's Counseling LLC may use and disclose your IIHI in connection with our health care operations, including quality improvement activities, certification, licensing or credentialing activities. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Angel's Counseling LLC may use and disclose your IIHI to contact you and remind you of an appointment. Please notify me if you do not wish to be contacted for appointment reminders, or if there are restrictions you want to make about such contact.

5. Treatment Options. Angel's Counseling LLC may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Angel's Counseling LLC may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Disclosures Required By Law. Angel's Counseling LLC will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks.

Angel's Counseling LLC may disclose your IIHI to public health authorities that are authorized by law to collect information for purposes such as:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities.

Angel's Counseling LLC may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings.

Angel's Counseling LLC may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain a court or administrative order protecting the information the party has requested.

4. Law Enforcement.

Angel's Counseling LLC may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients.

Angel's Counseling LLC may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Governmental Purposes and Other Uses and Disclosures Required or Permitted by Law:

Angel's Counseling LLC may use or disclose your medical information for certain governmental purposes and when otherwise required or permitted to do so by law; for example, may disclose medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

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Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access medical information; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as otherwise as authorized by law.

Uses and Disclosures When You Have the Opportunity to Object

1. Family and Other Persons Involved in Your Care.

Unless you object, we will use my professional judgment to provide relevant medical information to your family member, friend, or another person that you designate to be involved in your care.

Uses and Disclosures that Require Your Written Authorization

1. Other Uses and Disclosures.

Uses and disclosures other than those described above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send medical information to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

2. Use and Disclosure of Your Highly Confidential Information.

In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your medical information that:

- (a) is maintained in psychotherapy notes;
- (b) is about services provided for treatment of mental health disorders;
- (c) is about alcohol and drug abuse prevention, treatment and referral;
- (d) is about HIV and other sexually transmitted diseases.

In order for me to disclose your Highly Confidential Information for a purpose other than those permitted by law, I must obtain your written authorization.

YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.

B. Right to Alternative Communications. You may request, and I will accommodate, any reasonable written request for you to receive medical information by alternative means of communication or at alternative locations.

C. Right to Request Restrictions. You have the right to request a restriction on medical information I use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to me as indicated below. I am not required to agree to any such restriction you may request.

D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of medical information made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment.

You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by submitting a request to me at any time.

G. Questions and Complaints. If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact my office. If you believe your privacy rights have been violated, you may file a complaint with Angel's Counseling LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact us. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Angel's Counseling will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the purposes described in the authorization. Please note, we are required to retain records of your care.

Effective Date.

This Notice is effective on April 14, 2003

Again, if you have any questions regarding this notice or our health information privacy policies, please contact us. Angel's Counseling LLC reserves the right to change and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy in our offices in a prominent location and we will provide you with a copy of the revised notice upon your request 1/12/2014