



Balanced Life Counseling Center

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www.balancedlifecounselingcenter.com

HIPAA NOTICE OF PRIVACY PRACTICES (NPP)

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

Our Responsibilities

We are required by applicable federal and state law to maintain the privacy of your protected health information. **“Protected Health Information”(PHI)** is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. 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 will remain in effect until we replace it.

We reserve that 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 new terms of our notice effective for all PHI that we maintain, including PHI we created or received before we made the changes.

Uses and Disclosures of Protected Health Information:

Treatment: We use your medical information to provide you with appropriate services. These might include individual, family, or group therapy and treatment planning. We may use or disclose your PHI to your personal physician or other health care professionals providing treatment to you.

Payment: We may use your PHI to bill you, your insurance company, or others who may pay for the services we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about you diagnosis, treatment provided and your progress.

Health Care Operations: We may use and disclose your PHI in connection with our health care operations. For example, we may use information to see where we can make improvements in the services we provide. If we do, your name and identity will be removed.

By signing the Balanced Life Counseling Center Policy and Procedures Agreement, you are acknowledging that you have received a copy this NPP, read it, had an opportunity to ask questions and do understand that your PHI will be used for these routine purposes.

On Your Authorization: You may give us written authorization to use your PHI or to disclose it to another person and for the purpose you designate. If you give us authorization, you may withdraw it in writing at any time. Your withdrawal 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 PHI for any reason except those described in this notice.

Personal Representatives: We will disclose your PHI to your personal representative when the personal representative has been properly designated by you and the existence of your personal representative is documented to us in writing through a written authorization.

As Required by Law: There are some federal, state and local laws, which require us to disclose PHI without your consent, such as:

- for public health activities/agencies
- to report suspected adult/child/disabled abuse, neglect, or domestic violence.
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas
- For specific government functions: to comply with state worker's compensation laws, to correctional facilities if you are an inmate, to ensure national security and to ensure that we are obeying privacy laws.

Your rights:

- You have the right, with limited exceptions, to look at or get copies of your PHI. You must make your request in writing.
- You have the right to receive a list of instances since April 14, 2003, in which we have disclosed your PHI. We may charge you a reasonable, cost-based fee for responding to these requests.
- You have the right to request that we place restrictions on our use or disclosure of your PHI. We are not required to agree to these restrictions. We will not be bound unless our agreement is in writing.
- You have the right, with limited exceptions, to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be attached to the information you wanted amended. 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.

Questions and Complaints:

If you want more information about our privacy practices or have questions or concerns, please contact your therapist or our privacy officer noted at the end of this notice.

If you are concerned that we may have violated your privacy rights, please bring this to the attention of your therapist. You also may submit a written complaint to the U. S. Department of Health and Human Services.

We support your right to the privacy of your PHI. 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.

Contact Privacy Officer: Amanda J. Culver, LCSW