**HIPAA/**

**Privacy Policies**

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**PROTECTED HEALTH INFORMATION**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about the information contained in this Notice, please contact your therapist.

Your therapist is required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with notice of their legal duties and privacy practices with respect to your health information. Your therapist is also required to abide by the terms of this Notice so long as it remains in effect. Your therapist reserves the right to change the terms of the Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by them. You may receive a copy of any revised notices from your therapist.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)**

**FOR TREATMENT**

Your PHI may be used and disclosed by those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. Your therapist will ask you to sign a Release of Information form before they consult with other health care professionals. They cannot disclose PHI to any other health care professional without your authorization.

**FOR PAYMENT**

Your therapist may use and disclose PHI so they can receive payment for treatment and services provided to you. This will be done only with your written authorization. This includes filing for insurance benefits and processing claims. If it becomes necessary to use collection processes due to lack of payment, your therapist will disclose only the minimum amount of PHI necessary for purposes of collection.

**FOR HEALTH CARE OPTIONS**

Your therapist may use or disclose your PHI to support their business activities including, but not limited to, quality assessment activities, licensing, and credentialing. Your therapist may share your PHI with third parties that perform various business activities (i.e. accounting to billing services) provided they have a written contract with the business that requires it to safeguard the privacy of your PHI.

**REQUIRED BY LAW**

Under the law, your therapist must disclose your PHI to you upon request. In addition, they must disclose to the Secretary of the Department of Health and Human Services or the Department of Child Protective Services for the purpose of investigating or determining our compliance with requirements of the Privacy Rule.

**WITHOUT AUTHORIZATION**

Applicable law and ethical standards permit disclosure of information about you without your authorization in a limited number of other situations. Types of uses and disclosures that may be made without your authorization are as follows:

* Required by Law or mandatory Government Agency audits or investigations.
* Required by Court Order.
* Necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**MINORS**

If you are a minor, information regarding illegal or harmful acts may be disclosed to a parent or guardian.

**VERBAL PERMISSION**

Your therapist may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. You have the right to revoke your authorization any time by writing your therapist with your request.

**WITH AUTHORIZATION**

Uses and disclosures that are not specifically permitted by applicable law will be made only with your written authorization. You have the right to revoke your authorization any time by writing your therapist with your request.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)**

You have the following rights regarding PHI. To exercise any of these rights, please submit your request in writing to your therapist.

**RIGHT OF ACCESS TO INSPECT AND COPY**

You have the right, which may be restricted only in exceptional circumstance, to inspect and copy PHI that may be used to make decisions about your care. Restrictions apply only in those situations where compelling evidence indicated that access would cause serious harm to you. If you are a parent or legal guardian of a minor, please note that certain portations of the minor’s record will not be accessible to you. Your therapist may share a reasonable, cost-based fee for copies.

**RIGHT TO AMEND**

If you feel the PHI your therapist has about you is incorrect or incomplete, you may ask your therapist to amend the information although they are not required to agree to the amendment.

**RIGHT TO REQUEST RESTIRCTIONS**

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Your therapist is not required to agree to any restriction you request.

**RIGHT TO A COPY OF THE NOTICE.**

You have the right to a paper copy of this notice, upon request.

**QUESTIONS AND COMPLAINTS**

If you have any questions about this notice, or if you think we may have violate your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint of submit request involving any of your rights by writing to: Hopewell Counseling Services PLLC, 51 County Road 124, Tishomingo, MS 38873 or emailing admin@hopewellcounseling.net.

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Signature Date

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Print Name