

Elevation Counseling PC

This notice went into effect on 04/28/2022.

## NOTICE OF PRIVACY PRACTICES

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

I. ELEVATION'S PLEDGE REGARDING HEALTH INFORMATION: At Elevation Counseling, we understand that information about you and your health care is personal. Elevation staff are committed to protecting health information about you. Your counselor creates a record of the care and services you receive while you are a client with Elevation Counseling PC. This record is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which health information about you may be used or disclosed. Your rights are also described regarding the health information kept about you, along with certain obligations your counselor has regarding the use and disclosure of your health information. Your counselor is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of your counselor's legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Elevation Counseling PC can change the terms of this notice, and such changes would apply to all information on file about you. If this occurs, the new notice will be available upon request, in the Elevation office, and on the website.

## II. USE AND DISCLOSURE OF HEALTH INFORMATION ABOUT YOU:

Elevation Counseling PC will only release information in accordance with state and federal laws and within the ethics of the counseling profession. Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow counselors to use and disclose your health information for these purposes:

TREATMENT—Use and disclose health information to:

- Provide, manage or coordinate care
- Consultants
- Referral sources

PAYMENT—Use and disclose health information to:

- Verify insurance and coverage
- Process claims and collect fees

HEALTHCARE OPERATIONS—Use and disclose health information for:

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training
- Compliance and licensing activities

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. Counselors may keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:
  - a. For your counselor’s use in treating you.
  - b. For your counselor’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling.
  - c. For your counselor’s use in defending themselves in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate your counselor’s compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. Your counselor will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. Your counselor will not sell your PHI.

### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, your PHI can be used and disclosed without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child (minors under the age of 18), elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety (such as in the case of homicide or suicide threats).
3. For health oversight activities, including audits and investigations.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although your counselor's preference is to obtain an authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on Elevation Counseling PC's premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although your counselor's preference is to obtain an authorization from you, they may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Your PHI may be used to contact you to remind you that you have an appointment with your counselor. Your PHI may also be used to tell you about treatment alternatives, or other health care services or benefits that Elevation Counseling PC staff offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. Your PHI may be provided to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Elevation Counseling PC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Elevation Counseling PC is not required to agree to your request, and may decline if it is believed that it would have a detrimental affect on your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask Elevation Counseling PC to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and all reasonable requests will be agreed to.

4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that Elevation Counseling PC has about you. You can be provided with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and Elevation Counseling PC may charge a cost-based fee for doing so.
5. The Right to Get a List of the Disclosures Elevation Counseling PC Has Made. You have the right to request a list of instances in which Elevation has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Elevation staff with an authorization. Your request for an accounting of disclosures will be responded to within 60 days of receiving your request. The list given to you will include disclosures made in the last six years unless you request a shorter time. The list will be provided to you at no charge, but if you make more than one request in the same year, you will be charged a cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Elevation staff correct the existing information or add the missing information.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a copy of this notice both in paper form and/or via email.

#### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.