

CONCEPTUAL COUNSELING INC.

NOTICE OF PRIVACY PRACTICES

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

I. Our privacy and confidentiality obligations:

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice of our privacy practices, legal obligations and your rights concerning your health information (referred to in this notice as Protected Health Information or PHI). CCI reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If revisions are made in our privacy policies and practices, CCI will provide a copy to you by mail or in session.

II. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your Protected Health Information (PHI), for treatment, payment and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

-“PHI” refers to your health record that could identify you

-“Treatment, Payment, Health Care Operations” (TPO)

- *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care such as diagnosis, case planning, counseling and discharge planning. For example, we may use your PHI to diagnose and provide counseling services to you.
- *Payment* is when we obtain reimbursement for your health care. An example would be when we disclose your PHI to your health care insurer to obtain reimbursement for your health care or determine eligibility or coverage
- *Health Care Operations* are activities that relate to the performance and operation of our practice including but not limited to: quality assessments and improvement activities, accreditation, certification, licensing and credentialing activities. For example, we may share your PHI with third parties that perform various business activities (e.g. billing) provided we have a written contract with them that requires them to safeguard the privacy of your PHI.

-“Use” applies only to activities within our office, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you

-“Disclosure” applies to activities outside of our office such as releasing, transferring, providing access to information about you to other parties

III. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. Your authorization is also required before releasing psychotherapy notes if your treatment includes psychotherapy sessions. “Psychotherapy notes” are process notes that come from conversations during a private individual, joint or family therapy session. These notes are kept separate from the rest of your medical record and are given a greater degree of protection than PHI.

You may revoke an authorization at any time except to the extent that we have already taken action upon the authorization or if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under policy. If you are currently receiving care and desire to revoke an authorization, you must deliver a written statement for each revocation to your counselor or the CCI privacy officer.

IV. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we know or have reason to believe that a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, we must immediately report the information to the local welfare agency, police, or sheriff's department.
- **Adult or Domestic Abuse:** If we have reason to believe that a vulnerable adult is being or has been maltreated, or if we have knowledge that a vulnerable adult has sustained physical injury which is not reasonably explained, we must immediately report the information to the appropriate agency in this county. We may also report the information to a law enforcement group.
“Vulnerable Adult” means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction: 1) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including provision of food, clothing, healthcare, or supervision; and 2) because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.
- **Health Oversight Activities:** We may disclose PHI for those who perform audit or evaluation activities for certain health oversight agencies such as state licensure boards or certification agencies that ensure compliance with regulations and standards.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in response to a court order that meets the requirements of federal regulation, 42 CFR Part 2 concerning Confidentiality of Alcohol and Drug Abuse Patient Records.
- **Duty to Warn:** If you communicate a specific, serious threat of physical violence against a specific clearly identified or identifiable potential victim, we must make reasonable effort to communicate this threat to the potential victim or to a law enforcement agency. We must also do so if a member of your family or someone who knows you well has a reason to believe you are capable of and will carry out the threat. We also may disclose information about you to protect you from a threat to commit suicide.
- **Medical Emergencies:** We may disclose your PHI to medical personnel to the extent necessary to meet a bona fide medical emergency as defined in 42 CFR Part 2.
- **Commission of a Crime on Premises or Against Program Personnel:** We may disclose your PHI to the police or other law enforcement officials if you commit a crime on the premises or against CCI personnel or threaten to commit such a crime.
- **Deceased Clients:** We may disclose PHI regarding deceased clients to a coroner, medical examiner or other authorized party in accordance with 42 CFR Part 2 and applicable state laws.

V. Your Individual Rights

- *Right to Request Restrictions*—You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*—You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving services from CCI. On your request, we will send bills to another address.)
- *Right to Inspect and Copy*—You have the right to inspect or obtain a copy (or both) of PHI (and psychotherapy notes, if applicable) in our treatment and billing records used to make decisions about you for as long as the PHI is maintained in the record. CCI may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend*—You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to Accounting of Disclosures*—You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section IV of this Notice). On your request, we will discuss with you the details of the accounting process.
- *Right to Receive a Paper Copy*—You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Rhonda Smieja, BA, LADC (Program Director/Privacy Officer) at: 651-221-0334 or Kathleen Behrens, MSW, LICSW, LADC (Associate Program Director) at 651-221-0334.

If you believe your privacy rights have been violated and wish to file a complaint with CCI, you may send your written complaint to:

Conceptual Counseling
287 E. 6th St. #300
St. Paul, MN 55101
651-221-0334 Tel.
651-221-4449 Fax

You may also send a written complaint to the Secretary of the US Department of Health & Human Services. The individuals listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect as of July 20, 2013.

Your signature below indicates that you have read this notice and understand the limits of confidentiality of your personal information. Furthermore, you have had the opportunity to clarify any questions about CCI privacy practices and have been offered a copy of the above Notice of Privacy Practices form.

Printed Name

Date

Signature of Client

Signature of Parent , Guardian or Representative

Date

Relationship of above person