



Notice of Privacy Practices (HIPAA)

This notice describes how medical and mental health-related information about you may be used and disclosed and, if applicable, how drug and alcohol related information may be used and disclosed. It also describes how you can get access to this information.

At Horn Counseling we are dedicated to using and disclosing your protected health information (PHI) in a responsible way. The term PHI refers to information you share with us or which arises while we are serving you; such as results of assessments and summaries of your progress in treatment.

This Notice of Privacy Practices explains how we may use and disclose your PHI and our legal duties to protect the privacy of health records that we create or receive. It also explains your rights as they relate to your PHI.

Confidentiality and Privacy of Client Records

The confidentiality and privacy of client records maintained by Horn Counseling is in accordance with the ethical standards set by the Licensed Professional Counselors Board and the laws governing the licensure of this body. In addition Horn Counseling complies with federal regulations. These regulations include the Health Information Portability and Accountability Act (HIPAA).

Information revealed by an individual or otherwise obtained by Horn Counseling will be kept confidential and private. Generally, Horn Counseling may not confirm to a person outside the office, that a person is a client or disclose any information identifying a client or concerning a client without written permission of the client to do so.

The Type Disclosures We May Make

Generally, your PHI will be disclosed only if you sign a written authorization. Under certain circumstances, however we may use and disclose your PHI without your knowledge and as a part of our regular operations. The following are examples of the ways in which your PHI may be used and disclosed. Not every possible use or disclosure is covered but all of the ways we are allowed to use and disclose information fall into one of these categories:

- ▶ *We will use your PHI for your treatment at Horn Counseling.* For example information obtained by a Horn Counseling counselor or staff member involved in your treatment will be recorded in your clinical records and will be used to determine the course of treatment that should work best for you. Information gathered may be used for creating an assessment, developing a treatment plan, recording your progress in treatment and assisting in your developing an after-care plan.
- ▶ *We will use your PHI for regular office operations.* For example we may use your PHI for quality improvement of treatment as a whole, to assess the quality of our service to you and to consult between the counselors (if necessary) to provide the best treatment service possible to you.
- ▶ *We will disclose your PHI to medical personnel in an emergency.* For example if you cannot make decisions because of a medical emergency we may disclose your health information to the medical personnel involved in your care and we will let you know that this information has been disclosed and make every effort to obtain your written authorization as soon as the emergency has ended.
- ▶ *We will disclose your PHI to help prevent serious harm to you or others.*
- ▶ *We will disclose your PHI to report incidents of suspected child or vulnerable adult abuse and/or neglect.* If you tell us information concerning suspected child or vulnerable adult abuse and/or neglect, we are required by law to disclose and report this information.
- ▶ *We may disclose your PHI to a health oversight agency.* For example we may disclose your PHI to an agency for activities authorized by law such as audits, investigations, inspections and licensure. If you are a private, cash paying, client at Horn Counseling your health information will not be disclosed for these purposes.
- ▶ *We may disclose your PHI to respond to third-party payer audits.* For example third-party payers (insurance companies, flex plans, HSA's) may request that we give evidence of services provided. For that purpose we allow them to inspect treatment and other records.

Your PHI may be requested and reviewed by auditors as part of that process. The information that auditors review is expected to remain confidential.

► *We will disclose your PHI to law enforcement, under certain circumstances.* For example if we receive a court order, we will disclose your PHI. IF you commit or threaten to commit a crime on the premises or against Horn Counseling personnel we may disclose your PHI to law enforcement. If you are an inmate of a correctional institution or under the custody of a law enforcement official we may release your PHI under certain circumstances.

► *We may disclose your PHI to specialized governmental functions.* For example we may disclose PHI about you to authorized federal officials for intelligence and national security activities authorized by law or in relationship to national disaster relief efforts.

Your Personal Health Information(PHI) Rights

Although your treatment record is the physical property of Horn Counseling, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provide in 45 CFR 164.528
- Request copies of authorizations that we may have asked you to sign
- Obtain an accounting of disclosures of your information as provided in 45 CFR 164.522
- Revoke (in writing) your authorization to use or disclose PHI except to the extent that action has already been taken.
- Request confidential communication of your PHI. You have a right to request that Horn Counseling communicate with you about health matters in a certain way or at a certain location. (For example do not call your work or only notify you by mail) Your request must be specific.
- Obtain a copy of your records, there will be a fee to cover the cost of creating and mailing the duplicate record.

Our Responsibilities

Horn Counseling is required to 1) maintain the privacy of your PHI 2) provide you with this notice regarding our legal duties and privacy practices regarding information we collect and maintain about you, 3) notify you if we are unable to agree to a requested restriction, 4) accommodate reasonable requests you may have to communicate PHI in a confidential manner and 5) abide by the terms of this notice.

We reserve the right to change our practices and to make new provisions effective for all protected PHI we maintain. If we change our practices we will provide a revised notice to you, either in person or by mail at the address you've supplied.

We will not use or disclose your PHI without your authorization, except as described in this notice. We will also discontinue use or to disclose your PHI after we have received a written revocation of the authorization, according to the procedures included in the authorization.

For more information or to report a problem

Office for Civil Rights
U. S. Department of Health and Human Services
200 Independence Ave SW
Room 509 F HHH Building