

Restoration Counseling, LLC
Fortville, IN
317-710-7772

NOTICE OF PRIVACY PRACTICES

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 this notice, please contact your counselor or Kelly Shores at Restoration Counseling. This notice describes information about privacy practice followed by our staff.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your healthcare and service you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We must have your written, signed Client Information and Policy Statement (*CIPS*) to use and disclose health information for the following purposes:

For Treatment: We may use health information about you to provide you with psychotherapy/counseling services. We may disclose health information about you to office staff or other personnel who are involved in taking care of you and your health.

For Payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example we may need to give information to your health plan about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about services you are going to receive to obtain prior approval, or to determine whether your plan will cover treatment.

Appointment Changes: We may contact you if there is a change in your appointment time for treatment in our office.

Treatment Alternatives: We tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Services: Please notify us if you do not wish to be contacted for insurance and billing information. If you advise us in writing that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your *CIPS* at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses and disclosures that occurred before that time.

If you do revoke your *CIPS*, we will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by Law: We will disclose information about you when required to do so by federal, state, or local law.

Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' compensation: We may release health information you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information to a health oversight agency for audits, investigations, inspection or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and the compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization*, separate from any *CIPS* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke *Authorization*, in writing at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but cannot take back any uses or disclosures already made with your permission.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as treatment and billing records that we use to make decisions about your care. You must submit a written request to Lacey Rentschler or Felicia Snell in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied your request, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review. Exception: No right to inspect Psychotherapy notes.

Right to Amend: If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, you may submit your specific request to your counselor. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is not longer available to make the amendment.
- b) Is not part of the health information that we keep
- c) You would not be permitted to inspect and copy
- d) Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an Accounting of Disclosures. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and healthcare operations. To obtain this list, you must submit your request in writing to your counselor. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (paper or electronically). You may be charged for the cost of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide emergency treatment for you. To request restriction you must submit your specific request in writing to your counselor.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in certain ways or at a certain location. (You may ask that we only contact you at work or by mail). Request for confidential communication must be made in writing to your counselor. We will not question the reason for the request and accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice: you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. If you agreed to receive it electronically, you are still entitled to a paper copy.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make a revised or changed notice effective for medical information we already have about you, as well as any information we receive in the futures. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact your counselor or Kelly Shores. You will not be penalized for filing a complaint.