

**INNER REFLECTIONS COUNSELING CENTER, LLC**  
**101 S Chestnut, suite 2**  
**North Platte, NE 69101**

**NOTICE OF PRIVACY PRACTICES (NPP)**

Effective August 1, 2014 – updated February 2026

**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.**

**I. OUR PLEDGE REGARDING MEDICAL INFORMATION**

Every time you visit a healthcare provider, a record of your visit is made. This record may include your diagnosis, treatment, test results, or plans for future care or treatment. Your healthcare provider uses this information to plan your care and treatment. Insurance companies may also use your information to verify services billed. While your health records belong to the provider or Agency that compiled them, you have certain rights regarding your health information.

**II. OUR LEGAL DUTY**

We are required by law to:

1. Keep your medical information private.
2. Provide this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

**Right to Change:**

We may change our privacy practices and this notice at any time, provided that law permits it. Changes will apply to all medical information we maintain, including information created or received before the changes.

**Notice of Change:**

Before making an important change in our privacy practices, we will update this notice and make the new version available upon request.

**III. Uses and Disclosures of Your Medical Information**

We may use or disclose your information for treatment, payment, and healthcare operations without your permission. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. The core health care activities of "Treatment," "Payment," and "Health Care Operations" are defined in the Privacy Rule at 45 CFR 164.501.

**A. For Treatment**

Your medical information may be used and disclosed to those involved in your care to provide, coordinate, or manage your health care treatment and related services. This includes consultation with clinical supervisors or treatment team members. Other consultants require your written authorization. This may be at the time of initiating services in the intake or by release.

**B. For Payment**

We may use and disclose your information to receive payment for treatment services provided. This may include verifying insurance eligibility, processing claims, reviewing services for medical necessity, or using a contracted billing agent. Collection activities will use the minimum information necessary. If it becomes necessary to use collection

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processes due to lack of payment for services, we will only disclose the minimum amount of information necessary for purposes of collection.

### **C. For Healthcare Operations**

We may use your information for healthcare operations such as quality assessment, employee review, licensing, or arranging business activities. Third-party contractors performing business activities must safeguard your protected health information. For example, we may share your health information with third parties that perform various business activities (e.g., billing or dictation services) provided we have a written contract that requires the entity to safeguard the privacy of your protected health information. For training or teaching purposes protected health information will be disclosed only with your authorization. This may be at the time of initiating services in the intake or by release.

### **D. Substance Use Disorder Records – Federal Protection**

Certain records maintained by Inner Reflections Counseling Center, LLC may include information about substance use disorder diagnosis, treatment, or referral. These records are protected under federal law (42 CFR Part 2). They may not be disclosed without your written consent except as specifically permitted by law. Any person or entity receiving this information is prohibited from redisclosing it unless expressly authorized by your consent or as otherwise allowed under federal law.

### **E. Additional Uses and Disclosures**

- **Notification:** We may notify family members or others responsible for your care in emergencies, providing only necessary health information deemed necessary at the time of the event.
- **Specialized Government, Court Orders and judicial precedents, Public Health, Mandatory Reporting, Duty to Warn, Workers Compensation, Health Oversight:** Disclosures are made as required or permitted by law.
- **Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

### **F. Marketing and Sale of PHI**

We do not sell your protected health information for any marketing or advertising purposes. We do not use your information for marketing or advertising without your written authorization. Know that while care is individualized and unique, many behavioral health conditions have similarities therefore may not be directly related to you. If you have evidence that your information has been used without your permission, contact the office within 5 business days.

### **G. Electronic Communication**

Communications by unencrypted email, fax, or text may carry a risk to privacy. You may request alternative communication methods at any time.

### **H. Redisclosure Reminder**

Recipients of your health information must comply with HIPAA rules and may not redisclose your information except as permitted by law or your written authorization. Inner Reflections Counseling Center, employee's and affiliates will do their best to remind others of this, but IRCC is unable to control what recipients do with your health information once it leaves IRCC. Additionally, IRCC has not control over what happens to your health information when you disclose or share information.

## **IV. Your Individual Rights**

You have the following rights regarding protected health information:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy health information that may be used to make decisions about your care. Your right to inspect and copy information will be restricted only in those situations where there is compelling evidence that access would cause serious harm to the patient. You have the right that when you request a copy that a response is provided in a timely manner. **If you request copies, there is a fee for the resources (time, supplies, etc..) it takes to produce or review the copy of the medical records. The timeframe is dependent upon the size or complexity of the request.** Requests are prioritized in conjunction with regular business activities and therapist availability. For example, a therapist cannot process a request if they are on vacation, leave, or while they are providing direct patient care. The agency is unable to process during audits or outside of business hours.
- **Right to Amend.** If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend the information and we are not required to agree to the amendment.
- **Right to an Accounting of Disclosure.** You have the right to request an accounting of certain disclosure that we make of your health information; fees may apply.
- **Right to Request Restrictions.** Ask for limitations on uses or disclosures. You may request a restriction on disclosures to your health plan if you pay out of pocket in full. You may request if law allows, a restriction on third party affiliates of your health plan, if the request came in from a 3<sup>rd</sup> party affiliate after your plan participation terminated. This does not apply to government funded plans conducting compliance reviews or audits.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice upon request.

Requests must be submitted in writing to:

**Inner Reflections Counseling Center, LLC**

101 S Chestnut, Suite 2, North Platte, NE 69101

Certain requests may require verification of identification in addition to the written request. Changes to this notice apply to existing and future protected health information.

## **V. Questions and Complaints**

If you believe your privacy rights have been violated or you disagree with our response to a request regarding your information, you may:

1. Contact us using the above address.
2. Submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights.

We support your right to privacy and will not retaliate for filing a complaint.

## **VI. Good Faith Estimate**

Individuals not using insurance will be provided a financial policy and fee agreement. This estimate is non-binding and may change based on treatment needs, therapy duration, and situational factors. Discussion of adjustments can occur with your therapist at any time.