

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

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.

This notice takes effect on August 1, 2014 and remains in effect until Inner Reflections Counseling Center, LLC (IRCC) replaces it.

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 – your health record – to plan your care and treatment. To verify that services we billed for were actually provided, insurance companies also use your health information. Although your health records belong to the healthcare provider or facility that compiled it, you do have certain rights with regard to your health information.

II. OUR LEGAL DUTY

Law requires us to:

1. Keep your medical information private.
2. Give you 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.

We have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that law permits the changes.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

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

Good Faith Estimate

Every person that does not use insurance will be provided with a financial policy and fee agreement. This agency will keep individuals informed any time there is a fee adjustment.

Note: the good faith estimate is only an estimate and not binding. We will do our best to anticipate an estimated length of care based on what is presented at the time of initiation of service. We also know that healing is a fluid process that is impacted by many things, including building therapeutic trust and a patient's readiness. Because of this, this estimate will not include time or duration that may be impacted by what is not known to IRCC and the therapist(s), at the time the good faith estimate is created at the time of initiating service. It also does not include situational events that may happen to increase time that needs attention, the impact of fear, resistance or holding onto secondary gains that impact the progression of treatment. Because of the nature of mental health and substance

abuse, and the uniqueness of each individual, we acknowledge treatment is tailored and individualized to each person. Discussion of this with your therapist can be initiated at any time.

III. USES AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We may use or disclose your information for treatment, payment, and healthcare operations without your permission. The core health care activities of “Treatment,” “Payment,” and “Health Care Operations” are defined in the Privacy Rule at 45 CFR 164.501. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by submitting a written request to IRCC.

FOR TREATMENT: Your medical information may be used and disclosed by those who are involved in your case for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose medical information to any other consultant only with your authorization.

FOR PAYMENT: We may use and disclose your medical information so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. Other examples would include the use of a contracted billing agent/specialist. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of information necessary for purposes of collection.

FOR HEALTHCARE OPERATIONS: We will use or disclose your health information for healthcare operations and internal business practices. This includes, but not limited to, qualify assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. 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.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment, and healthcare operations, we may use and disclose medical information for the following purposes, or other legal or ethical reasons as required by the professional.

Notification: Medical information to notify or help notify: a family member, your personal representative, or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment.

Specialized Government: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial Proceedings: We may disclose medical information in response to a court order. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical

information with law enforcement officials. We may share limited information with law enforcement official(s) concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person.

Public Health Activities: As required by law, we may disclose your information to a public health or legal authorities charged with preventing injury or disability, including child abuse or neglect. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Mandatory reporting: We are required by law to disclose medical information to appropriate authorities if we reasonably believe that an identifiable child or vulnerable adult is the possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Duty to warn: Therapists are also required to disclose suicidal or homicidal intentions, if the therapist believed or predicted that the patient posed a serious risk of inflicting serious bodily injury to themselves or identifiable third party.

Workers Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities: We may disclose health information to an agency providing health oversight for oversight activities authorized by law, including audits, civil administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

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.

IV. YOUR INDIVIDUAL RIGHTS

You have the following rights regarding protected health information we maintain about you. To exercise any of these rights please submit your request in writing to Inner Reflections Counseling Center, LLC at 101 S Chestnut, Suite 2, North Platte, NE 69101.

- **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, ect.) 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 is not able to 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 although 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. We may charge you a reasonable fee if you request more than one accounting in any 12-month time period.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your health information for treatment, payment, or health care operations. We are not required to agree to your request.
- **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.

Inner Reflections Counseling Center can change this Notice. Changes will cover your PHI we already have and PHI we receive in the future. IRCC will change and share Notice when there is a big change to:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

QUESTIONS AND COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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