

Compass Counseling Center: Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

This notice describes how health 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 Your Health Information

We understand that health information about you is personal. We are committed to protecting your privacy. We create a record of the care and services you receive to provide you with quality care and to meet legal requirements.

This Notice of Privacy Practices applies to all records of your care generated by this mental health practice. It explains how we may use and disclose your protected health information (PHI), your rights regarding that information, and our legal obligations.

We are required by law to:

- Keep your protected health information private;
- Provide you with this notice of our legal duties and privacy practices;
- Follow the terms of the notice that is currently in effect.

We reserve the right to change the terms of this Notice. Any changes will apply to all information we maintain about you. The revised Notice will be available upon request.

II. How We May Use and Disclose Your Health Information

The following categories describe the ways we may use and disclose your protected health information. Not every possible use or disclosure is listed, but all permitted uses and disclosures will fall into one of these categories.

For Treatment, Payment, or Health Care Operations We may use or disclose your PHI without your written authorization to carry out treatment, payment, or health care operations. We may also disclose your PHI to other health care providers for their treatment activities.

Examples include:

- Consulting with another licensed health care provider about your care
- Coordinating care with other providers
- Referring you to another provider

Disclosures for treatment purposes are not limited to the “minimum necessary” standard because full access to information is often needed to provide quality mental health care.

Lawsuits and Disputes If you are involved in a lawsuit or other legal dispute, we may disclose your health information in response to a court or administrative order. We may also disclose information in response to a subpoena or other lawful process, but only after reasonable efforts have been made to notify you or obtain a protective order.

III. Uses and Disclosures That Require Your Written Authorization

Psychotherapy Notes We maintain separate “psychotherapy notes” as defined by HIPAA (45 CFR § 164.501). These notes require your specific written authorization for most uses or disclosures, except in the following situations:

- For our own use in treating you
- For our use in training or supervising other mental health professionals
- For our use in defending ourselves in legal proceedings you initiate
- When required by the Secretary of Health and Human Services for HIPAA compliance investigations
- When required by law (and limited to what the law requires)
- When required for certain health oversight activities
- When required by a coroner or medical examiner performing authorized duties
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

Marketing and Sale of PHI We will not use or disclose your PHI for marketing purposes. We will not sell your PHI.

IV. Uses and Disclosures That Do Not Require Your Authorization

Subject to certain legal limitations, we may use or disclose your PHI without your authorization for the following purposes:

- When required by state or federal law
- Public health activities (including reporting suspected abuse of a child, elder, or dependent adult, or to prevent a serious threat to health or safety)
- Health oversight activities (audits, investigations, etc.)

- Judicial and administrative proceedings (with a preference for obtaining your authorization when possible)
- Law enforcement purposes (including reporting certain crimes on the premises)
- To coroners or medical examiners
- For certain research purposes
- Specialized government functions (military, national security, correctional institutions)
- Workers' compensation purposes
- Appointment reminders and information about health-related benefits or services we offer

V. Uses and Disclosures Where You Have the Opportunity to Object

Disclosures to Family, Friends, or Others Involved in Your Care We may disclose your PHI to a family member, friend, or other person you indicate is involved in your care or payment for your care, unless you object. In emergency situations, this opportunity to object may be obtained after the disclosure.

VI. Your Rights Regarding Your Protected Health Information

You have the following rights:

- **Request Restrictions** — You may ask us to restrict certain uses or disclosures of your PHI for treatment, payment, or operations. We are not required to agree to your request.
- **Request Restrictions for Out-of-Pocket Payments** — You may request that we not disclose your PHI to health plans for payment or operations if you paid for the service in full out-of-pocket.
- **Confidential Communications** — You may request that we contact you by a specific method (e.g., home phone, office phone) or at a specific address. We will accommodate all reasonable requests.
- **Access and Copies** — You have the right to inspect and obtain a copy (electronic or paper) of your PHI, **except for psychotherapy notes**. We will respond within 30 days and may charge a reasonable, cost-based fee.
- **Accounting of Disclosures** — You may request a list of certain disclosures we have made of your PHI (excluding those for treatment, payment, or operations). We will provide one free list per year; additional requests may incur a fee.
- **Amendment/Correction** — You may request that we correct or add to your PHI if you believe it is inaccurate or incomplete. We may deny your request and will explain why in writing.

- **Paper or Electronic Copy of This Notice** — You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

*** Patient Name**

*** Patient Date of Birth**

*** Person Completing this Form**

- I am the patient (18 or older)
- I am the legal guardian or authorized representative and am consenting to treatment on behalf of the minor patient

By signing below, I agree that I have read and understood the information contained in this Notice of Privacy Practices.

I consent to sharing information provided here.

COMPASS COUNSELING CENTER PLLC

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