

Caring Journey Counseling HIPAA Privacy Practices Notice

Effective 4/1/2015

AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Caring Journey Counseling is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). **Your health record contains personal information about you and your health.** In conducting business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of my legal and ethical duties and the privacy practices that I maintain in my practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time.

Although these laws are complicated, I must provide you with the following important information:

- How I may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that has been created or maintained in the past, and for any of your records that I may create or maintain in the future. A copy of my current Notice will be available on my website at all times, and you have a right to request a copy of the most current Notice at any time by mail, at your next appointment, or by printing a copy from my website:

www.caringjourneycounseling.com.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Caring Journey Counseling may use your PHI to treat you or to assist others to support you in your treatment with your authorization. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. Finally, I may also disclose your PHI to other health care providers or consultants for purposes related to your treatment with your permission.

For Payment. Caring Journey Counseling may use and disclose your PHI in order to bill and collect payment for the services. This will only be done with your authorization. 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. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection. I may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members who are paying for therapy sessions.

For Health Care Operations. I may use and disclose your PHI to operate my practice. For example, Caring Journey Counseling may use your PHI to evaluate the quality of care you received, to send appointment reminder calls or texts, or to conduct licensing, cost-management, or business planning activities. I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires them to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with

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your authorization. I may also disclose your PHI to other health care providers and entities to assist in their health care operations with your permission.

Required by Law. Under the law, I must make disclosures of your PHI to you upon your request. Caring Journey Counseling may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) **and if required** by the appropriate authorities. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining Caring Journey Counseling's compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission

Caring Journey Counseling may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. For example, I may give a brief overview of how a session went with a parent of a minor.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time upon your request.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Cari Morphet at 151 E. 6100 S., Ste. 315, Murray, Utah, 84107:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care including patient medical records and billing records, but not including psychotherapy notes. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. To request an amendment, your request must be made in writing and submitted to Cari Morphet at 151 E. 6100 S., Ste. 315, Murray, Utah, 84107. You must provide a reason that supports your request for amendment. Caring Journey Counseling will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, I may deny your request if you ask me to amend information that is in my opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by Caring Journey Counseling, unless the individual or entity that created the information is not available to amend the information.

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- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. An “accounting of disclosures” is a list of certain non-routine disclosures my practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine client care in my practice is not required to be documented – for example, a doctor sharing information with a nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Cari Morphet at 151 E. 6100 S., Ste. 315, Murray, Utah, 84107. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For instance, you may ask that we contact you at home, rather than work.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice. This notice is available on my website: www.caringjourneycounseling.com.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Cari Morphet at 151 E. 6100 S., Ste. 315, Murray, Utah, 84107 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**