

NOTICE OF PRIVACY PRACTICES

HIPPA 2019

Welcome to The Counseling Office of Debbie E. Dickson Counseling, Inc. The federal law requires us to give you a copy of this notice. It is a Notice of Privacy Practices. With this notice is an acknowledgment the federal law requires you must sign confirming that you received/reviewed a copy of the Notice. This document will help you understand how and when your medical information is used or disclosed by this practice.

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.

Your medical information is personal. Debbie E. Dickson Counseling, Inc. is committed to protecting your medical information. We are required by law to:

Maintain the privacy of your health information.

Give you this Notice of our legal duties and privacy practices.

Follow the terms of this notice.

POSSIBLE USES AND DISCLOSURES OF YOUR MEDICAL RECORDS

There are many ways in which your medical information can be used and disclosed. Some of the following categories list examples of how information can be disclosed. Not every use and disclosure will be listed. Permitted use falls into the following categories.

For Payment: We may use and disclose your medical information so that treatment and services that you received may be billed to and payment collected from you, your insurance company, or a third party. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures that were done. We may need to give your insurance company information from your session notes so that they will pay for those services. We may also give your insurance company information about treatment you are going to receive in order to obtain an authorization or payment approval.

For Healthcare Operations: The uses and disclosures for healthcare operations are necessary to improve the quality of the services we provide to our patients. We may also review your record for training and learning purposes. Your medical information may be used for licensing and/or case-management.

Appointment Reminders and Phone Contact: We may contact you for scheduling or reminding you of an appointment, return your call, answer questions or informing you about treatment alternatives and test results. We may contact you by mail or we may call you. If we contact you by mail, we will address the card or envelope to you. Test results or other health information will be sent in a sealed envelope. If we contact you by phone we simply will identify our office and ask to speak with you. If you are not available, we will leave a message with the person who answered the phone asking you to call us. If you have an answering machine, we will leave a message identifying our office and telephone number with a message for you to return our call, but we will not disclose any information. Please let us know in writing if you do not want a message on your answering machine.

Family and Friends: We may release medical information about you to a friend or family member who is involved with your care if there is a signed consent form on file.

Business Associates: Some of our services are performed through contracts with outside persons or organizations. When these services are contracted, we may disclose your health information to our business associate so that they can assist us with our healthcare operations. To protect your health information, we require the business associate to appropriately safeguard your information.

For Safety Purposes: We may use or disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or other person. Any disclosure would be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the military, we may release your medical information as required by the military.

Workers Compensation: We may disclose health information to the extent authorized as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

As Required by Law: We may disclose your health information when required by federal, state or local law.

Health Oversight Activities: We may use and disclose your medical information to health oversight agencies such as auditors, inspectors, and investigators. This may be necessary in order for the government to monitor the health care systems, government programs and compliance with civil laws.

Lawsuits and Disputes: Unless specifically required by law we will not disclose your medical information in response to a subpoena or court/administrative order without your specific authorization.

Correction Institution: We may disclose to the institution or agents thereof health information necessary for your health care, and the health and safety of other individuals.

Your Health Information Rights: You have the right to inspect and a copy of medical information that may be used to make decisions about your health care. This usually includes medical billing and records, but does not include psychotherapy notes. In order to inspect or copy medical information, a written request must be submitted to your physician or counselor. There may be a fee for copying and or mailing the contracts.

Your request may be denied. If you are denied access to your medical information, you can ask for a review. We will ask another provider to review your request and the initial denial. We will comply with the outcome of the review.

You have the right to amend your medical information if you believe that it is incorrect or incomplete. You have the right to amend as long as the information was made at our facility. You must take the request in writing on our forms to your physician or therapist. The request must include the reason that supports your request. We may also deny your request if: it was not created by one of our physicians or counselors, it is not part of the medical information kept by our facility, it is not part of the information that you would be allowed to inspect or copy, it is accurate and complete.

You have the right to request an accounting of disclosures. Your request must be in writing. This request must state a specific time period, no longer than six (6) years. The first request within a 12- month period is free. We reserve the right to charge you for copying any additional requests.

You have the right to request a restriction or limit the medical information we may use or disclose for treatment payment or healthcare operations. you may also request a limit on the health information that we disclose to someone involved in your care, like a family member or friend.

We are not required to agree to your request. In order to request restrictions, you must do so in writing, on a form that will be provided. The following information is needed in the request: What information you want to limit/whether you want to limit use, disclosure, or both/ to whom the limits apply.

You have the right to request that we communicate with you regarding medical matters in a certain way: i.e. contact you only at work or only at home. Such a request must be done in writing. We will accommodate all reasonable requests. The request must specify how or where you wish to be contacted.

Other uses of Medical Information: Other uses and disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written permission.