

# Counseling Arts & Wellness LLC Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health care information (protected health information) used or disclosed to us in any form, whether electronically on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

Treatment means providing, coordinating or managing health care and related services by one or more health care providers.

Examples of treatment would include psychotherapy, medical management, etc.

Payment means obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review.

Health Care Operations include the business aspects of running the practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

In addition, your confidential information may be used to remind you of an appointment, or provide you with information about treatment options or other health related services. We will use and disclose your protected health information when we are required to do so by federal or state law. We may disclose your protected health information to public health authorities that are authorized by law to collection information; to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding; response to a discovery request or to obtain an order protecting the information the party has requested. We may release your protected health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Any other uses and disclosures will be made only with your written authorization. You may revoke authorization in writing; we are required to honor the request except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at: Counseling Arts & Wellness LLC, 982 Douglas Avenue, Suite 100, Altamonte Springs, Florida, 32714. The right to request restrictions on certain uses and disclosures of protected health information including those related to disclosures of family, relatives, close friends or others identified by you. We are not required to agree to a requested restriction. If we agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to request to receive confidential communications of protected health information from us by alternative means or alternative locations. The right to request an amendment to your protected health information. The right to receive an accounting of disclosures of your information outside of treatment, payment and health care operations. The right to obtain a paper copy of this notice. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of Notice of Privacy Practices currently in effect. We reserve the right to change the terms, and to make the new notice provisions effective for all protected health information that we maintain. Revisions will be posted and you may request a copy.

For information about HIPAA: The US Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, SW, Washington DC, 20201. 1/877-696-6775