

## Northlight Counseling Associates Inc.

### 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

Privacy is a very important concern for all those who come to this office. It is also complicated because of federal and state laws and our professional standards. The Health Insurance Portability and Accountability Act of 1996 (HIPPA) law requires us to keep your information private and to give you this notice of our legal duties and our privacy practices. After reading this notice if questions arise our Privacy Office will be happy to help you. His or her name and address are at the end of this Notice.

This notice will tell you about how we handle information about you. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decision. Because of some very complicated federal and state laws, we have simplified some parts.

The information we collect from you is called Protected Health Information (PHI). In this office PHI is likely to include these kinds of information:

- Your history. As a child, school, work, marital and personal history.
- Reasons you came for treatment.
- Diagnoses (medical term for your problems or symptoms.)
- A treatment plan. These are treatments and other services, which we think will best help you.
- Progress notes. Each time you come in we write down some things about how you are

doing, what we observe about you, and what you tell us.

- Records we get from other who have treated or evaluated you.
  - Information about medications you took or are taking.
  - Legal matters
  - Billing and insurance information
- This list is just to give you an idea and there may be other kinds of information that go into your healthcare record here. We do not maintain process notes.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy we can make one for you, but we may charge you for the costs of copying and mailing. In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask to amend your record although in some rare situations we don't have to agree to do that. Our Privacy officer can explain more about this.

The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared). Mainly, we will use and disclose it for routine purposes. For other uses, we must tell you about them and have a written authorization from you. However, the law also says that we are allowed to make some uses and disclosures without your consent or authorization. We will inform you of any breach of your PHI.

We may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations.

If we want to use your information for any purpose other than those listed above we need your permission on an Authorization to Release Information Form. If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time.

In some cases, laws let us use and disclose some of your PHI without your consent or Authorization. We have to report suspected child or elder abuse and may release information to law enforcement official to

investigate a crime. If you are involved in a lawsuit or legal proceeding and we receive a court order or other lawful process we may have to release some of your PHI. We have to disclose some information to government agencies that check on us to see that we are obeying the privacy laws. If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

When we disclose your PHI we keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures. From the date of service when you elect to become self pay those record will not be available to previous insurance companies.

If you need more information or have questions about the privacy practices described above please speak to the Privacy Office whose name and telephone are listed below. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the Privacy Office. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in anyway limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy officer, David Melamed. He can be reached by phone at 602-285-9696 or by mail 5050 N 8<sup>th</sup> Place Suite 8, Phoenix AZ 85014

The effective date of this notice is April 14, 2003.

(do we want to change the effective date of this notice?)