

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.**

Blumrich Counseling is required by law to protect the privacy of your health information and provide you with this Notice of Privacy Practices (NPP). This notice describes how we may use and share your health information and explains your privacy rights; we will use or disclose your information only as described in this notice. We do, however, reserve the right to change our privacy practices and the terms of this notice, and to make new provisions effective for all health information that we maintain. Revisions will be posted in the waiting area, and we will make a copy available to you upon your request. This notice lists both some common and some very rare uses of health information as applied to a counseling practice. Because the laws of the state and the federal government are very complicated, and despite the level of detail in this form, there are still small parts of the law that are not represented here. If at any time you have questions or concerns about the information in this notice, or if you want more information about our office's privacy policies, procedures or practices, you may contact our "privacy officer" Dawn Blumrich, LPC at 337.945.1032.

Your Protected Health Information (PHI): Each time you visit the office of any healthcare provider, information is collected about you and your physical and/or mental health. It may be information about your past, present, or projected future health or conditions, or the tests or treatment that you have received or will receive, or about payment for healthcare. Such information is called, in the law, PHI and this information is kept in a medical record. In this office, your PHI may include (but is not limited to) the following:

- Your history (as a child, in school, work, marriage or personal)
- Reasons you are seeking counseling, including stated problems, complaints, symptoms or needs
- Diagnoses
- A treatment plan, including services we think will be helpful for you
- Progress notes (required notations about how you are doing, what we notice, and what you say)
- Records we receive from others who treated or evaluated you
- Psychological test scores, school records, and other reports
- Information about medications you are taking or previously took
- Legal matters
- Billing and insurance information

The purpose of collecting and keeping such information includes using it in the following ways:

- To plan your care and treatment
- To decide how well our treatment is working for you
- To talk with other healthcare professionals who are also treating you or those who referred you to us
- To show that you received the services from us that we billed to you or your health insurance company
- For teaching and training other healthcare professionals
- For medical or psychological research
- For publishing case studies for educational purposes
- For public health officials trying to improve health care in this area of the country
- To improve the way we do our job by measuring the results of our work

Except in some special circumstances, when we use your PHI or disclose it to others, we share only the minim PHI needed for the purpose it is being used. The law permits Blumrich Counseling to use or disclose your health information **with your written consent or authorization** for the following purposes:

- To treat you: We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
- Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

Signing the consent form at the end of this NPP allows us to use and disclose your PHI for these purposes. If we want to use your PHI for any purpose besides those described above, we need your permission on an Authorization Form. Blumrich Counseling may use or disclose your health information for the following purposes **without your consent or authorization**:

- As required or permitted by law (ex: cooperation with law enforcement, court officials or government agencies)
- For health oversight activities (ex: investigations, inspections, etc.)
- To avoid serious threat to health or safety: If we believe 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 may be able to prevent the danger.
- As authorized by worker's compensation laws or similar programs that provide benefits for work- related injuries or illness.

Except as provided in this notice, Blumrich Counseling will not use or disclose your health information without your written authorization. You may withdraw your authorization at any time as long as your withdrawal is in writing.

Your Rights Regarding Your Protected Health Information

You have several rights with regards to your PHI. Specifically, you have a right to:

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests. Also note that counselors must always consider transmission security when using email for communication of PHI. Counselors may send PHI in unencrypted email **only if the client is advised of the risk and still requests use of email as a means of transmission**. To our knowledge, email communication is a secure method of communication; however, it is advised that there still may be a risk involved in sending such communication.

Get an electronic or paper copy of your medical record: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request; we may charge a reasonable, cost-based fee. This right is subject to certain legal restrictions. For example, **this right does not apply to psychotherapy notes** or information compiled for judicial proceedings.

Ask us to correct your medical record: You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In the following cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. If we become aware of a potential breach of your PHI, we are legally required to perform a risk assessment, mitigate the breach, and then report it to affected parties and proper authorities.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We do consider transmission security when using email for communication of your PHI. We may send PHI in unencrypted e-mail, making you aware of the risk of e-mail as a means of transmission.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Please note: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, and will be posted in our office and on our website.

Date Effective: March 31, 2013

Blumrich Counseling
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Privacy Policy Acknowledgement

I acknowledge that I have been informed about and am aware of the privacy practices of this office.

Signature of Client or Legal Representative

Date

If Legal Representative, relationship to patient