



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.

Notice of Privacy Practices (Brief Version)

Use and Disclosure of Protected Health Information	Client Rights
<p>With Consent:</p> <p>For treatment</p> <ol style="list-style-type: none"> 1) Provide, manage, or coordinate care 2) With others who provide treatment to you 3) With others (professionals or consultants) who provide treatment that we cannot <p>For payment</p> <ol style="list-style-type: none"> 1) Verify insurance and coverage 2) Obtain authorization to treat 3) Process claims and collect fees <p>For healthcare operations</p> <ol style="list-style-type: none"> 1) Review of treatment procedures 2) Review of business activities 3) Appointment reminders 4) Compliance and licensing activities <p>Without Consent:</p> <ol style="list-style-type: none"> 1) Mandated reporting 2) Emergencies 3) Law enforcement purposes 4) When required by law 	<p>You have the right to:</p> <p>Request where we contact you</p> <ol style="list-style-type: none"> 1) Which phone number to use 2) By text, email, or other <p>Release your medical records</p> <ol style="list-style-type: none"> 1) Written authorization to release records to others 2) Right to revoke release 3) Revocation does not apply to records already released <p>Inspect/copy your medical/billing records</p> <ol style="list-style-type: none"> 1) Inspect and copy records 2) Counselor has right to deny 3) Charge may apply for copying and/or mailing <p>Amend your medical records</p> <ol style="list-style-type: none"> 1) May request in writing to amend records 2) Request may be denied 3) If denied, may file a disagreement statement 4) Disagreement statement and respond maintained in your record <p>Request accounting of disclosures</p> <ol style="list-style-type: none"> 1) For treatment, payment, or healthcare operations 2) Pursuant to a signed release 3) Made to client 4) Applies to disclosures made in last 6 yrs 5) No cost for one request in a 12-month period; charge for additional requests <p>Request restrictions for use/disclosure</p> <ol style="list-style-type: none"> 1) Must be in writing 2) Counselor does not have to agree 3) Must agree if you have paid for services in full out of pocket (i.e., no insurance reimbursement) <p>To complain</p> <ol style="list-style-type: none"> 1) Contact Privacy Officer first 2) If not satisfied, file complaint with to U.S. Dept of Health and Human Services 3) No retaliation <p>Receive changes in privacy policy</p> <ol style="list-style-type: none"> 1) New version posted 2) May request copy
<p>You may request a copy of the complete Notice of Privacy Practices from your counselor or you may access a copy at www.heartspherecounseling.com</p>	<p>Privacy Officer: Michele Preste; 219-779-7817 or privofcr@heartspherecounseling.com Effective date of notice: July 1, 2016</p>