



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

Effective: July 1, 2016

Privacy is a very important concern for all those who come to this office. There are many federal and state laws and our professional ethics that govern the use and disclosure of a client's healthcare information. This notice describes HeartSphere Counseling, LLC policies regarding the use and release of your healthcare information. Because the rules are so complicated, some parts of this notice are very detailed, and you may have to read them several times to fully understand them.

Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

If you have any questions, our Privacy Officer will be happy to help you understand our procedures and your rights. His or her name and address are at the end of this notice.

### Contents of this notice

- A. Introduction: To our clients
- B. What we mean by your medical information
- C. Privacy and the laws about privacy
- D. How your protected health information can be used and shared
  - 1. Uses and disclosures with your consent
    - a. The basic uses and disclosures: For treatment, payment, and health care operations
    - b. Other uses and disclosures in health care
  - 2. Uses and disclosures that require your authorization
  - 3. Uses and disclosures that don't require your consent or authorization
    - a. When required by law
    - b. For law enforcement purposes
    - c. For public health activities
    - d. Relating to decedents
    - e. For specific government functions
  - f. To prevent a serious threat to health or safety

- 4. Uses and disclosures where you have an opportunity to object
- 5. An accounting of disclosures we have made
- E. Your rights concerning your health information
- F. If you have questions or problems

A. Introduction: To our clients

This notice will tell you how we handle your medical information. 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 decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask our Privacy Officer for more explanations or more details.

B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in our office.

In this office, your PHI is likely to include these kinds of information:

- \_ Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- \_ Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- \_ Diagnoses: These are the medical terms for your problems or symptoms.
- \_ A treatment plan: This is a list of the treatments and other services that 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 notice about you, and what you tell us.
- \_ Records we get from others who treated you or evaluated you.
- \_ Psychological test scores, school records, and other reports.
- \_ Information about medications you took or are taking.
- \_ Legal matters.
- \_ Billing and insurance information

There may also be other kinds of information that go into your health care records here.

We use PHI for many purposes. For example, we may use it:

- \_ To plan your care and treatment.
- \_ To decide how well our treatments are working for you.
- \_ When we talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- \_ To show that you actually received services from us, which we billed to you or to your health insurance company.
- \_ For teaching and training other health care professionals.

- \_ For medical or psychological research.
- \_ 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.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy we can make one for you (but we may charge you for the costs of copying and mailing, if you want it mailed to you).. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some rare situations we don't have to agree to do that. If you want, our Privacy Officer, whose name is at the end of this notice, can explain more about this.

#### C. Privacy and the laws about privacy

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices which is called the Notice of Privacy Practices (NPP). We must notify you if there is a breach of our unsecured PHI. We will obey the rules described in this notice as long as it is in effect; but if we change it, the rules of the NPP will apply to all the PHI we keep. If we change the NPP we will also post the new Notice of Privacy Practices in our office where everyone can see. You or anyone else can also get a copy from our Privacy Officer at any time. It is also posted on our website at [www.heartspherecounseling.com](http://www.heartspherecounseling.com).

When applicable, we will comply with State and Federal laws that are more stringent than the HIPAA privacy regulations regarding our use or disclosure of your PHI.

#### D. How your protected health information can be used and shared

When your information is read by staff in this office and used by us to make decisions about your care that is called, in the law, "use." If the information is shared with or sent to others outside this office that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI here or disclose it to others we share only the minimum necessary PHI needed for those other people to do their jobs. This law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is disclosed (shared).

We use and disclose PHI for several reasons. Mainly, we will use and disclose it for routine purposes and we will explain more about these below. For other uses, we must tell you about them and have a written authorization from you unless the law lets us or requires us to make the disclosure without you're authorization.

### 1. Uses and disclosures of PHI in healthcare with your consent

After you have read this Notice, you will be asked to sign a separate Informed Consent form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called “health care operations.” Together these routine purposes are called TPO (treatment, payment, operations). The consent form allows us to use and disclose your PHI for TPO.

a. The basic uses and disclosure: For treatment, payment, and health care operations (TPO)

We need information about you and your condition to provide care to you. You must agree to let us collect the information, use the information, and share the information to care for you properly. The Informed Consent form must be signed before we can begin to treat you. Without your agreement and consent, we cannot treat you.

When you come to see us, we may collect information about you. This information may go into your healthcare records here. Generally, we may use or disclose your PHI for three reasons: treatment, obtaining payment, and for healthcare operations (TPO). The following is an explanation of what this means.

For treatment. We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.

We may share or disclose your PHI with others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

For payment. We may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

b. Other uses and disclosures in healthcare

Appointment reminders. We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work, or you prefer some other way to reach you, we usually can arrange that. Just tell us.

Treatment alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other benefits and services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. We may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.

Business associates. We hire other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

## 2. Uses and disclosures that require your authorization

If we want to use your information for any purpose besides those described above, we need your permission on a Release of Information Authorization form. We don't expect to need this very often.

If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

## 3. Uses and disclosures that don't require your authorization or consent

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might share your information.

### a. When required by law

There are some federal, state, or local laws that require us to disclose PHI:

- \_ We have to report suspected child abuse.
- \_ If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so if one of the following applies: (1) the person requesting your PHI is authorized under state law to obtain your information, or (2) after getting your authorization, or (3) after getting a court order requiring us to disclose the information. Legal advice will be obtained, if appropriate.

\_ We have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws.

b. For law enforcement purposes

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

c. For public health activities

We may disclose some of your PHI to agencies that investigate diseases or injuries.

d. Relating to decedents

We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If we come to believe that there is a serious and imminent 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. If we become aware that you are alleged to have abused or neglected a child, an elderly person, or a mentally disabled person, we are required to report the allegations to the appropriate Indiana law enforcement agency. Minors (persons under the age of 18) who disclose that they have been or are being abused or neglected will have their disclosure of abuse or neglect reported to the Department of Child Services in their county. If an elderly or mentally disabled adult disclosed they have been or are being abused or neglected, we are required to report this disclosure to Adult Protective Services. The counselor may also elect to notify the police department in the community where the child resides if the risk appears imminent or if the disclosure occurs after hours. Counselors are a mandatory reporter in the State of Indiana.

4. Uses and disclosures where you have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell and what information you want us to tell them about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency and we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't agree, we will honor your wishes as long as it is not against the law.

5. An accounting of disclosures we have made

When we disclose your PHI, we may 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.

#### E. Your rights concerning your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you. There is one limited exception to this rule. We must agree if you ask us not to disclose PHI to your health plan for the purposes of payment or health care operations when the PHI is related to a health care item or service you have paid for out of pocket in full.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you. Contact our Privacy Officer to arrange how to see your records. (See below.)
5. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but there are situations where we may charge you for the copy. You're counselor maintains mental health notes to chart your progress in therapy. Each parent has the same right to the medical information in the files of their children, unless there is a court order blocking the release of information to the non-residential parent in a divorce situation. Contact our Privacy Office for more information on how to arrange to see your medical records.
5. You have the right to get an accounting of certain disclosures we make of your PHI. To get this accounting, you have to make a request in writing and send it to our Privacy Officer. It will not cost you anything for one accounting in a 12month period, but for each accounting after one in the 12-month period we may charge you a reasonable fee.
6. You have the right to a copy of this notice on paper even if you have requested the Notice by email or in some other electronic form. You also have the right to receive an electronic copy of this Notice. If we change the NPP, we will post the new version in our waiting area. You can always get a copy of the NPP from the Privacy Officer.
7. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

#### F. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to the Privacy Officer, whose name and telephone number 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 Officer. As stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

G. Acknowledgement of Receipt of Notice of Privacy Practices (NPP)

You will be asked to sign an acknowledgement that you received this Notice of Privacy Practices (NPP).

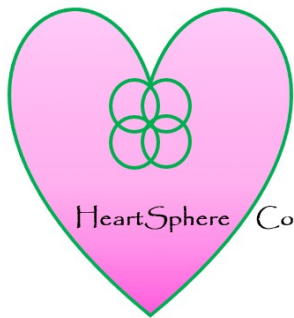
If you have any questions regarding this Notice or our health Information privacy policies, please contact our Privacy Officer who is Michele Preste. She can be reached by phone at 219-779-7817 or by email at [privofcr@heartspHEREcounseling.com](mailto:privofcr@heartspHEREcounseling.com). Ms. Preste is also a licensed mental health counselor and managing member of HeartSphere Counseling, LLC.

The effective date of this notice is July 1, 2016.

Thank you for reading our Notice of Privacy Practices

9495 Keilman Street, Suite 6A St. John IN 46373 (219-779-7817) Fax (219) 300-0007  
[www.heartspHEREcounseling.com](http://www.heartspHEREcounseling.com)





## Notice of Privacy Practices Acknowledgment Form

I have received, read, and understand the Notice of  
Privacy Practices for

HeartSphere Counseling, Inc. In addition, I have had all my questions answered with  
regard to this Notice.

My signature below indicates that I understand and agree with the above statement.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

If you are signing as a personal representative of the client, describe your relationship to the client and the  
source of your authority to sign this form.

Relationship to client \_\_\_\_\_ Print name \_\_\_\_\_

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