

HIPAA Notice of Privacy Practices

Compassionate Counseling, LLC

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Fairfield, IA 52556

HIPAA Notice of Privacy Practices

Effective June 1, 2021

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MY PLEDGE REGARDING HEALTH INFORMATION

As a mental health care professional, I have a legal, ethical, and moral obligation to protect your personal health information. I create a record of the care and services you receive from me to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by me, Kristin Helm, LISW, or the practice (Compassionate Counseling, LLC). This Notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this Notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

I may not use or disclose any more of your personal health information than is necessary for the purpose of the use or disclosure, with some exceptions.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment or Health Care Operations: I may use your protected health information to provide you with treatment and services except where restricted by Iowa or Federal law. I may disclose your protected health information with other health care providers for your treatment. This can be done without your written authorization under certain circumstances. For example, I may consult with another licensed health care provider about your condition. In this situation, I would not disclose any identifiable information about you.

I may also disclose your personal health information to other health care providers that have or will provide treatment or health care to you. In an emergency, this may be done without your consent. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to all information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

For Payment: I may use and disclose information about your treatment for billing, payment, and collection purposes. For example, I may provide health information to an insurance company or other payor in order to receive payment. I may also share information with your health plan provider to ensure approval or coverage eligibility.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request and/or obtain an order protecting the information requested.

Law Enforcement, National Security, and Intelligence Activities: I may disclose health information to law enforcement or national security authorities for related purposes, such as:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, I am unable to obtain the individual's agreement.
- To alert authorities of a death I believe may be the result of criminal conduct.
- Information I believe is evidence of criminal conduct occurring at my place of business.
- In emergency circumstances to report a crime; the location of the crime or victims or the identity, description, or location of the person who committed the crime.
- Information that may be used to protect domestic or foreign heads of state or other government officials, to conduct special investigations, and other national security, intelligence, and counter-intelligence activities as authorized by law.

Research: I may disclose your personal health information to help conduct research under certain circumstances. For example, a research project might involve comparing the health and recovery of individuals who have received one type of treatment to those that have received another. Such research projects are subject to a special approval process to protect your personal health information.

Worker's Compensation: I may disclose your personal health information as authorized by law for worker's compensation or similar programs that provide benefits for work-related injuries or illnesses.

CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes: I am allowed to keep "psychotherapy notes" as defined in 45 CFR § 164.501. These notes have special protection such that most uses or disclosures require your authorization.

Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of Personal Health Information: As a psychotherapist, I will not sell your PHI in the regular course of my business.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

- For my use in treating you.
- For my use in training or supervising mental health practitioners.
- For my use in defending my self in legal proceedings brought by you.
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For a coroner or medical examiner performing duties authorized by law.
- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS WITH RESPECT TO YOUR PERSONAL HEALTH INFORMATION

You have the right to:

Request limits on uses and disclosures of your personal health information: You have the right to ask me not to use or disclose certain personal health information for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care or if law requires me to use or disclose your information.

The right to request restrictions for out-of-pocket expenses paid for in full: You have the right to request restrictions on disclosures of your personal health information to health plans for payment or health care operations purposes if the information pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The right to choose how I send personal health information to you: You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will agree to all reasonable requests. You do not need to provide a reason.

The right to inspect and get copies of your personal health information: Other than “psychotherapy notes,” you have the right to get a copy of your personal health information. I will provide you with a copy of your record, or, if you agree, a summary of it, within 30 days of receiving your written request. I may charge a reasonable, cost-based fee for providing information.

The right to a list of disclosures I have made: You have the right to request a list of instances in which I have disclosed your personal health information. The list will not include uses or disclosures for purposes of treatment, payment, or health care operations, or for which you have provided written authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will cover the six years prior to the request unless you request a shorter time. I will provide the list to you once per year at no charge. If you make more than one within 12 months, I will charge a reasonable cost-based fee for each additional request.

The right to correct or update your personal health information: If you believe that the information that I have about you is inaccurate or incomplete, you have the right to request that I amend the information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

The right to get a paper or electronic copy of this notice: You have the right get a paper or electronic copy of this Notice. Even if you have downloaded this Notice from devonasiron.com or received it via e-mail, you also have the right to request a paper copy of it.

Notification of breach: I am required by law to notify you of a breach of your health information. I will notify you as soon as possible, but never later than 60 days from discovery of the breach.

File a complaint: If you believe that I have violated your privacy rights, please bring your concerns to me. If you do not feel that I have sufficiently addressed your concerns, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized and your care will not be compromised by filing a complaint.

Contact information to file a complaint with the Secretary of the U.S. Department of Health and Human Services:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/