



Autonomy Counseling, PLLC

Challenge. Determination. Success.

HIPAA Notice of Privacy Practices

This notice went into effect on January 30, 2013

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.

The privacy of your health information is important to us. To ensure the best service, it may, at times, be necessary to consult with other professionals. When consulting, we only release essential information, such as psychological testing, chemical dependency evaluation results, environmental and social information, relevant medical information, and health insurance information. We will not share your information without your informed written consent.

We may use and disclose your protected health information (PHI) for the purposes of treatment, payment, and health care operations. According to HIPAA, these terms are defined as follows:

Treatment: “The provision, coordination, or management of health care or related services.” We may disclose your PHI to other licensed health care providers involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI to them to coordinate your care.

Payment: This includes, but is not limited to, “billing, claims management, collection activities, obtaining payment under a contract for reinsurance.” We may use and disclose your PHI to bill and obtain payment for services we provide to you. Example: We may send your PHI to your insurance company, to collect payment for services provided to you.

Health Care Operations: This includes but is not limited to; evaluating practitioner performance; accreditation, certification, licensing, or credentialing activities; underwriting, premium rating, and other activities relating to health insurance contracting; business activities related to business planning, HIPAA compliance, and general administration; conducting or arranging for medical review, legal services, auditing functions, or other compliance programs.

Other Disclosures

Emergencies: Your consent is not required if you need emergency treatment, provided that we attempt to get your consent after treatment is rendered. If we try to get your consent, but you are unable to

communicate (for example, if you are unconscious or in severe pain), and we think you would consent to such treatment if you could, we may disclose your PHI.

On your authorization: You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you provide written authorization, we cannot use or disclose your PHI for any reason, except those described in this notice.

Appointment reminders and health-related services: We may use your PHI to provide you with appointment reminders, information regarding treatment alternatives, or other health-related benefits or services.

Public Benefit: We may use or disclose your information, as authorized by law, for the following purposes deemed to be in the public benefit:

- As required by law;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to applicable subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions, regarding inmates; and
- As authorized by worker's compensation laws.

Patients' Rights

Access: You have the right to look at or get copies of your PHI, with limited exceptions. You must make a written request to obtain your PHI.

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your health information in the last 6 years.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement.

Alternative Communication: You have the right to request that we communicate with you about your PHI through different means. You must make this request in writing.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why we should amend the information. We may deny your request under certain circumstances.

Complaints: If you have a complaint regarding a clinical matter, we encourage you to first speak with your provider. If it is an administrative/privacy concern, please speak with our Privacy Officer. If you are not satisfied, or if the problem continues, please fill out the complaint form for it to be investigated.

Breach Notification: In the case of a breach, Autonomy Counseling notifies each affected individual. If the breach involves over 500 persons, OCR must be notified, in accordance with instructions posted on its website. Autonomy Counseling bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

After Death: Autonomy Counseling may disclose deceased individuals' PHI to individuals who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this notice, you acknowledge that you have read and understood the HIPAA explanation, how we are required to safeguard your protected health information, and how we may disclose and use your protected health information.

Printed Name: _____ Date: _____

Signature: _____