

Your Information.
Your Rights.
Our Responsibility.

A description of Compassionate Christian
Counseling's privacy practices and a guide to
how you can get access to your information.

Updated on May 2015

The Purpose

This notice describes how personal and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information that may identify you and that is related to your past, present or future physical or mental health status and to related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

How we may use and disclose Health Information about you

Disclosures made with your written consent:

Following are examples of the types of uses and disclosures of your protected health care information that our office is permitted to make once you have signed our consent to release information form.

TREATMENT

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party (such as another healthcare provider) that has already obtained your permission to have access to your protected health information.

PAYMENT

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

HEALTHCARE OPERATIONS

We may use or disclose, as needed, your protected health information in order to support the business activities of business operation. These activities include, but are not limited to, quality assessment and improvement activities, licensing, and conducting or arranging for other business activities.

We may share your protected health information with third party “business associates” that perform various activities. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Disclosures made with your written consent:

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing.

OTHERS INVOLVED IN YOUR HEALTHCARE

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object:

REQUIRED BY LAW

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

ABUSE OR NEGLECT

We may use or disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

LEGAL PROCEEDINGS

We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

CRIMINAL ACTIVITY

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Your Rights Regarding Health Information About You

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

RIGHT TO INSPECT AND COPY

You may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your health care provider and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use to disclose about you for treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your health care provider is not required to accept disclosure restrictions that could compromise their professional judgment or conclusions.

RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Any changes resulting from an amendment to the record do not expunge any prior information or part of the records; it is simply added to it.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. Your request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work. To request confidential communications, you must make your request known at the time of treatment. We will not ask you the reason for your request.

Changes to this notice

We reserved the right to revise this notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the waiting area of our office. We are required by law to comply with whatever notice is currently in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our privacy contact of your complaint. You will not be penalized in any way for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE

MAY 5, 2015