

Northwest Counseling, PLLC

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. If you have any questions after reading this notice please contact an administrator of NWC.

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 which relates to your past, present, or future physical or mental health condition and or treatment.

We are required to abide by the terms of this Notice of Privacy Practices; however 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.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your therapist, our office staff, and or others outside of our office that are involved in your treatment for the purpose of providing health care services to you. For example, we may use and disclose your protected health care information to provide, manage, or coordinate your treatment with other health care providers. This information may also be used to obtain authorization for treatment as well as payment for health care services by your insurance company. We may use or disclose, as needed, your protected health information in order to support the business practices of NWC. These may include, but are not limited to peer review activities, quality improvement, licensing reviews, ect. We may also call you by name in the waiting room and or leave a message with a person or on an

answering machine to contact you, return a call, or remind you of an appointment at a number designated by you.

Uses and Disclosures of Protected Health Information based upon Your Written Authorization to Release

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, except to the extent that your treating clinician has taken an action in reliance on the use or disclosure indicated in the authorization. Unless you object, we may disclose to a member of your family (or other person you may identify) your protected health information that directly relates to that person's involvement in your treatment. 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. We may disclose information to an individual that is responsible for your care of your location, general condition, or death. We may need to disclose your protected health information in an emergency treatment situation.

Other Permitted and Required Uses and Disclosures that may be made Without Your Consent, Authorization, or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization:

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.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, or other government regulatory programs and civil rights laws.

Abuse or Neglect: We may 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 governmental 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.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes otherwise required by law, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on this premises, and during a medical emergency where it is likely that a crime has occurred.

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 (Duty to Warn). We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation: Your protected health information may be disclosed as authorized to comply with workers compensation laws and other legally established programs.

Your Rights

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.

You Have the Right to Inspect and Copy Your Protected Health Information: This means you have the right to inspect and or copy your protected health information which is contained in your record, for as long as we maintain that record. (Generally 7 years from date of case closing). Under federal

law, however, you may not inspect or copy the following; 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.

You Have the Right to Request a Restriction of Your Protected Health Information: This means you may request in writing that we do not disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply.

You Have the Right to Request to Receive Confidential Communications From us by Alternative Means or at an Alternative Location: We will accommodate reasonable requests, and again it must be made in writing.

You Have a Right to Receive an Accounting of Certain Disclosures we have made, if any, of Your Protected Health Information: This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices.

It excludes disclosures we may have made to you or at your request to other parties, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You Have a Right To Obtain a Paper Copy of This Notice From Us Upon Request.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by contacting the administrator of NWC. Our designated Privacy Officer is Denise Griggs LMSW ACSW; she can be contacted in writing at the address for NWC or by phone at 616-453-6100. We will not retaliate against you for filing a complaint.

This notice becomes effective no later than April 1st 2005.