

Cordova Counseling Center

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. PLEASE REVIEW IT CAREFULLY.

If you have any questions about anything in this notice, please ask our privacy officer for more explanations or more details.

What we mean by your medical information

When you visit any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health, and the information may include: background information, reasons for treatment, diagnosis information, treatment plans, progress notes, records from other professionals, test scores and reports, prescribed medications, legal matters and billing or insurance information. 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, and is typically used for treatment planning, making other referrals for your care, judging if treatment is effective, and coordinating your care with your other medical treatment providers. This information may also be used to show that you actually received the services that were billed to you or your insurance company, for teaching and training, and for research. Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and even get a copy (but we may charge you for the costs of copying and mailing). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or missing, you may ask us to amend (add information to) your records; although in some situations we may not agree to do it. Our privacy officer, can explain more about this.

Privacy and the laws about privacy

Federal law requires us to inform you about 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. We will obey the rules described in this notice. If we change our privacy practices, they will apply to all of the PHI we keep. We will also post the new notice of privacy practices in our office where it is visible. You or anyone else can also get a copy of our privacy practices from our privacy officer at any time.

How your protected health information can be used and shared

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the **minimum PHI that is necessary**. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. PHI is usually disclosed for routine purposes to provide for your care. For other non-routine uses we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization. After you have read this notice, you will be asked to sign a separate **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." We need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to provide treatment for you. If you do not agree and consent to this in writing with your signature, we cannot treat you.

The basic uses and disclosure: For treatment, payment, and health care operations

For treatment. We use your medical information to provide you with psychological treatment 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 your PHI with others who provide treatment to you. We may share your information with your personal physician if you were referred by him/her, or if you have requested that we do so. If you are being treated by a team of specialists, 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 comprehensive 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 receive payment for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may need to tell them about your diagnoses, what treatments you have received, and any changes we expect in your condition. We will need to inform them of when we met, your progress, and any other details that are important or required to continue your treatment.

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 so they can make plans for services that are needed. If we do, your name and personal information will be removed from what we send, and your identifying information will not be provided to them.

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 work, or by some other means, we can arrange it. Just let us know, and we will follow your request to the best of our ability.

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Treatment alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may help 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 for research to improve treatments—for example: comparing treatments for the same disorder to see which works better or faster or to learn how to control costs. In all cases, your name, address, and other personal information will not be given to researchers.

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 health records, or 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 keep your information confidential.

Uses and disclosures that require your authorization

It rarely happens, but if we need to use your information for any purpose not described above, we need your permission on a signed **authorization form**. If you 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 before your permission was revoked.

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

The law may require disclosure of your PHI without your consent or authorization. This may apply in the following situations:

- We are legally required to report suspected child or elder abuse.
- If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other legal request or process, we may be required to release some of your PHI, but only after we inform you or consult with your attorney and/or the court if necessary.
- We may be required to disclose some information to the government agencies that audit us concerning the State and Federal privacy laws.
- We may be required to disclose your PHI, without your name or identifying information to agencies that investigate illness and diseases.
- We may be required to 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 if it pertains to national security.
- If we believe there is a serious 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.

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. You may tell us what information you want us to tell them about your condition or treatment, and we will honor your request as long as it is not illegal.

In the event of an emergency where we are unable to 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 share it. If we do share information in an emergency, we will tell you as soon as we can. If you do not approve we will stop, as long as it is not against the law.

We may keep a record or accounting that you can review of whom we have disclosed your PHI to, when we sent it, and what information was sent.

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/cancel an appointment. We will try to honor your request.
2. You have the right to limit what we tell people involved in your care or payment for your care, such as family members and friends. We don't have to agree to your request, but if we do, we will honor it unless it is against the law, an emergency, or when it is necessary for your treatment.
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 for more information. (See below.)
4. If you believe that the information in your records is incorrect or incomplete, you can ask us to make additions to your records to correct the problem. Requests must be made in writing to our privacy officer, explaining the reasons for the changes.
5. You have the right to a copy of this notice. If this notice changes, we will post the new notice in our office waiting room and you may have a copy.
6. 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 with you now or if they arise.

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If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to our 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. 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 will not in any way limit your care here, or take any actions against you if you complain. If you have any questions or problems about this notice or our health information privacy policies, please contact our privacy officer below.

*Privacy Officer and Practice Administrator: Mrs. Kathy Schreiber
Cordova Counseling Center, 4400 Bayou Boulevard, Suite 8
Pensacola, Florida 32503, (850)474-9882
email: info@cordovacounseling.com*

(Notice effective: January 1, 2012)