

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. A COPY IS AVAILABLE UPON REQUEST.

The effective date of this Notice is January 1, 2025

Your health record contains information about you and your health. This information, which may identify you and relates to your past, present, or future physical or mental health or condition and related health care services, is called Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI under applicable law. It also describes your rights regarding gaining access to and controlling your PHI.

We are required by law to maintain PHI's privacy and provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices by putting a copy on our website, sending a copy to you in the mail upon request, or providing one at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment

Your PHI may be used and disclosed by those involved in your care to coordinate or manage your healthcare treatment and related services. This includes consultation with clinical supervisors or other treatment health members. We may disclose PHI to any other consultant only with your authorization.

For Payment

We may use or disclose PHI to receive payment for your treatment services. This will only be done with your authorization. Payment-related activities include deciding on eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for collection purposes.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your personal PHI maintained by our office. To exercise any of these rights, please submit your request in writing to Susan Russell, Jordan River Counseling Services, 201 Maple Street, East Jordan, MI 49727.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your case. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to correct it. We are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in 12 months.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations, and the PHI pertains to a health care item or service you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or location.
- **Breach Notification.** If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

Suppose you believe we have violated your rights. In that case, you have the right to file a complaint in writing at Jordan River Counseling Services, 201 Maple Street, East Jordan, MI 49727, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20202, or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

For Health Care Operations

We may use or disclose, as needed, your PHI to support our business activities, including, but not limited to, quality assessment activities, employee review activities, reminding you of appointments, providing information about treatment alternatives or other health-related benefits and services, licensing and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform

various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. PHI will be disclosed only with your authorization for training or teaching purposes.

Required by Law

We must disclose your PHI to you upon request and to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the Privacy Rule.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization

**Abuse and Neglect
Emergencies
National Security**

**Judicial and Administrative Proceedings
Law Enforcement
Public Safety (Duty to Warn)**

Without Authorization

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department)
- Required by Court Order
- It is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Suppose information is disclosed to avoid or lessen a serious threat. In that case, it will be disclosed to a person or persons reasonably able to prevent or reduce the danger, including the target of the threat.

Verbal Permission

We may use or disclose your information to family members directly involved in your treatment with your verbal permission.

With Authorization

Uses and disclosures not explicitly permitted by applicable law will be made only with your written authorization, which may be revoked.