



HIPAA NOTICE OF PRIVACY PRACTICES

PLEASE CAREFULLY REVIEW AND SIGN THIS PRIVACY NOTICE WHICH DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION.

Rev. Effective Date:: May 1, 2020

OUR COMMITMENT TO YOUR PRIVACY

At Foundation for Healing, LLC we understand that your medical and health information is personal. In order to provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive from our providers. Your record contains personal information about you and your health. Information about you and your care that may identify you and that relates to your past, present, or future physical or mental health and related health care services is referred to as Protected Health Information (“PHI”).

Foundation for Healing, LLC is absolutely committed to maintaining your confidentiality and the records we keep. We will only release healthcare information about you in accordance with federal and state laws and the highest ethical standards of the counseling profession.

This notice describes our policies related to how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), and regulations decreed under HIPAA including the HIPAA Privacy and Security Rule.

Uses and disclosures of your health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allows us to use and disclose your health information for these purposes.

TREATMENT

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

PAYMENT

We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of 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 purposes of collection.

HEALTHCARE OPERATIONS

We may need to use information about you to review or support our treatment procedures and business activity. Information may be used for certification, compliance and licensing 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.

OTHER USES AND DISCLOSURE OF YOUR INFORMATION NOT REQUIRING YOUR CONSENT

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

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

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- **With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR PERSONAL RIGHTS REGARDING PHI

The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but are not legally required to accept it. If accepted, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

The Right to Choose How I Send PHI to You: You have the right to ask that your information be sent to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide the PHI to you in the format you requested.

The Right to See and Get Copies of Your PHI: In most cases, you have the right to look at or get copies of your PHI maintained at Foundation for Healing, LLCI upon written request. You will receive a response within 30 days of receipt. If we do not have the PHI you seek but are familiar with where it is located, we will assist you in obtaining it. In certain situations, we may deny your request. If so, we will inform you of the reason in writing and explain your right to have the denial reviewed. Documents will be provided via electronic means as a first choice. If paper documents are

preferred, we will charge you .25 cents per page plus postage to send via secured mail, return/receipt. Rather than providing the PHI you requested, we may provide a summary or explanation of the PHI with your signed agreement, in advance to include you owning responsibility for the costs to produce such materials.

The Right to Get a List of the Disclosures we Have Made: You have the right to get a list of instances in which we have disclosed your PHI. The list **will not** include the following uses or disclosures: Those you have already consented to, such as for treatment, payment, or health care operations, made directly to you, or to your family, or uses and disclosures made for national security purposes, to corrections, or law enforcement personnel.

We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list **will only include** disclosures made from the beginning of your treatment to present, or any applicable timeframe in between. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge once per year, but will charge a reasonable cost-based fee for each additional request within the same year.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information upon written request. We will respond to your request to update or correct the PHI within 60 days of receiving your written request. You will be informed in writing once this process has been completed. We may deny your request in writing if the PHI is (i) correct and complete, (ii) was not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Any written denial will state the reasons and explanation of your right to file a written statement of disagreement. You also have the right to request that all your written communications and potential denials be attached to all future disclosures of your PHI.

The Right to Receive This Notice by E-Mail, Fax, or any other HIPPA Protected Electronic Method. Even if you have agreed to receive notice via e-mail or some other electronic means, you also have the right to request a paper copy of it.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If believe we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below, or you may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. We will take no retaliatory action against you should you choose to file a complaint about our privacy practices.

****If you have any questions or wish to file a complaint with the Secretary of the Department of Health and Human Services regarding our privacy practices, please contact the Clinical Director/CEO Foundation for Healing, LLC****

Deborah M. Johansen, MS, LPC, NCC
deborahj@foundationforhealing.com
Phone: (480) 608-5250
Fax: (480) 608-5251

For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Signature of this form acknowledges receipt of privacy practices.

Printed Legal Name: _____ Date: _____

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____