

Inner Guidance Counseling Center, PLLC

Notice of Privacy Practices

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

Inner Guidance Counseling Center, PLLC (IGCC) is required by applicable Federal Law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, legal obligations, and your rights concerning your health information (“Protected Health Information” or “PHI”). We must follow the privacy practices that are described in the notice (which may be amended in the future).

For more information regarding our privacy practices, please contact us using the information listed in section II G of this notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible uses and disclosures without your written authorization:

We may use and disclose PHI without your written authorization, excluding Psychotherapy notes, as described in section II, for certain purposes as described below.

1. **TREATMENT:** We may use and disclose PHI in order to provide treatment to you. We may disclose PHI to other health providers involved in your care.
2. **PAYMENT:** We may use of disclose PHI so that services that you receive are appropriately billed to, and payment is collected from your health plan.
3. **HEALTH CARE OPERATIONS:** We may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, and licensing or credentialing activities.
4. **REQUIRED OR PERMITTED BY LAW:** We may disclose PHI when we are required or permitted to do so by law. This also includes disclosing PHI to the extent necessary to avert a serious injury to your health and safety or the health and safety of others. This also includes disclosures for permitted or required public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law. Additionally we may disclose PHI in reminding clients of their appointments and is securing evaluation of the client treatment experience at the conclusion of treatment.

B. Uses and disclosures requiring your written authorization:

1. PSYCHOTHERAPY NOTES: Notes recorded by your therapist documenting the contents of a counseling session with you will only be used by IGCC and will not otherwise be used or disclosed without your written authorization.
2. MARKETING COMMUNICATION: We will not use your health information for marketing communications without your written authorization.
3. OTHER USES AND DISCLOSURES: Uses and disclosures other than those described in section IA above will only be made with your written authorization. You may revoke given authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. Right to Inspect and Copy: You may request access to your medical records and billing records maintained by IGCC in order to inspect and request copies of the records. **All requests for access must be made in writing.** Under limited circumstances, we may deny access to your records. We may charge a fee for the cost of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record may not be accessible to you. IGCC has 30 calendar days to reply to written request for records and to supply the requested records.
- B. Right to Alternative Communication: You may request and we will accommodate any reasonable written request for you to receive your PHI by alternative means of communication.
- C. Right to Request Restrictions: You have to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You must request any such restrictions in writing addressed to the Privacy Officer as indicated below. We are not required to agree to any such restrictions you may request.
- D. Right to Accounting Disclosures: Upon written request, you may obtain an accounting of certain disclosures of PHI made by us after October 1, 2019. This right applies to disclosures for purposes other than treatment, payment, or health care operations, excluding disclosures made to you or disclosures otherwise authorized by you and is subject to other restrictions and limitations.
- E. Right to Request Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information must be amended. We may deny your request under certain circumstances.

- F. Right to Obtain Notice: You have the right to obtain a paper copy of this notice by submitting a request to the Privacy Officer at any time.
- G. Questions and Complaints: If you desire further information about privacy rights or are concerned that we have violated your privacy rights, you may also file a written complaint with the Director (Jillian Bashi) at IGCC, or the Office for Civil Rights of the US Department of Health and Human Service. We will not retaliate against you if you file a complaint with the Director.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. Effective Date: The effective date for this notice is October 1, 2019.
- B. Changes to this Notice: We may change the terms of this notice at any time. If we change this notice, we may make the new terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in the waiting area of the office. You may also obtain a copy by contacting the Privacy Officer.