

HIPPA Notice of Health Information Privacy Practice

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. Beth Morrison, MEd., NCC, LCPC will only release health information about you in accordance with federal and state laws and ethics of the counseling profession.

Effective Date: December 1, 2019

Understanding Your Health Record/Information

Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes. Each time you visit my office, a record of your visit is made. Typically, this record contains your symptoms, assessment and/or test results (if applicable), diagnosis, treatment and a plan for future care or treatment. This information is often referred to as your health or medical record.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of this notice of health information practices
- Inspect and obtain a copy of your health record
- Request an amendment to your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative location
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

My Responsibilities

I am required to:

- Maintain the privacy of your health information
- Provide you with a notice as to my legal duties and privacy practices with respect to information I collect and maintain about you
- Abide by the terms of this notice
- Notify you if I am unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to change my practices and to make new provisions effective for all protected health information I maintain. Should my information practices change, I will post the revised notice on my website at www.onelifecounselingandmindfulness.com You are always welcome to a copy of current practices. I will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact me, Beth Morrison, MEd., NCC, LCPC at 618-713-0597 or bethm44@hotmail.com or 108 E. DeYoung St., Marion, IL. 62959. I respect your right to privacy. If you believe your privacy rights have been violated, please contact me personally to discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

I will use your health information for treatment.

For example: I may provide physicians, hospitals, or other healthcare providers with copies of various reports from your medical record that should assist in treating you.

I will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

I will use your health information for regular health operations.

For example: I may need to use information about you to review my treatment operations and business activity. Examples of health care operations are quality assessment and improvement activities, business related matters, such as audits and administrative services, case management, and care coordination. Information may be used for certification, compliance, and licensing activities.

Other Disclosures Permitted Without Authorization WITH Opporutnity to Agree or Object:

Notification: I may use or disclose information to notify or assist in notifying a family member, personal representative, or another person of your choice of your location and general condition

Appointment Reminders & Information: I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. I will seek your permission to call you and leave messages.

Other Disclosures Permitted Without Authorization and WITHOUT Opportunity to Agree or Object:

Danger to Self or Others: I must report to appropriate authorities and individuals when I determine that a client is in imminent, serious danger to him or herself or others and where there is serious and foreseeable harm.

Report of Abuse, Neglect, or Domestic Violence: I may notify the government authorities if I believe that a client is the victim of abuse, neglect, or domestic violence. I will make this disclosure only when specifically required or authorized by law. I legally must report suspected child abuse and/or neglect to the Illinois Department of Children and Family Services. I also must legally report suspected abuse or neglect of a person 60 years or older to the Illinois Department of Aging.

Health Oversight Activities: I may disclose health information to a health oversight agency for activities relating to the oversight of the healthcare system.

Workers Compensation: I may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, I may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. I may disclose personal health information to the coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. I may also disclose personal health information to a funeral director as authorized by law in order to permit the funeral director to carry out his/her/their duties.

Law Enforcement: I may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

I have read and understood the above.

Client: _____ Date: _____

Witness: _____ Date: _____