

HIPAA Notice of Privacy Practices

**Penelope J. Preston Counseling
1218 Paragon Drive Suite 2
O'Fallon, IL. 62269
618-409-6062**

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.

This Notice of Privacy Practices describes how your counselor may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your counselor, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: Your counselor will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, disclosing your protected health information, as necessary, to your primary care physician or psychiatrist who may care for you. Additionally, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health insurance plan to obtain approval for the hospital admission.

Healthcare Operations: Your counselor may use or disclose, as-needed, your protected health information in order to support the business activities of her practice. These activities may include, but are not limited to, quality assessment activities, use of a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your counselor, additionally, your counselor may call you by name in the waiting room at the time of your scheduled appointment or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Your counselor may use or disclose your protected health information in the following situations without your authorization, including: As Required by law; Public Health issues as required by law; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ

Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Required Uses and Disclosures; Under the law, I must make disclosures to you and when required, by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your counselor or the counselor's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information: Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information: This means you may ask your counselor not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your counselor is not required to agree to a restriction that you may request. If your counselor believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from me by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to accept this notice alternative, (i.e., electronically).

You may have the right to have your counselor amend your protected health information: If your counselor denies your request for amendment, you have the right to file a statement of disagreement with your counselor. Your counselor may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures, if any, your counselor has made, of your protected health information.

Your counselor reserves the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints:

You may complain to your counselor and/or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by your counselor. You may file a written complaint with your counselor. **Your counselor will not retaliate against you for filing a complaint.**

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PATIENT'S ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I acknowledge that I have read the "Notice of Privacy Practices" and I may request to obtain a personal copy of the notice.

Signature below is only acknowledgement that you have received this Notice of Privacy Practices

Print Name: _____

Signature _____

Date _____

Witness Signature: _____ **Date** _____