

0. HIPPA Notice of Privacy

Beyond Healing. Healing the Mind, Body, & Spirit

NOTICE OF PRIVACY PROCEDURES

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.

Your health records contain person information and are protected by the Protected Health Information Act known as HIPPA

Legally we may use and disclose health information about you:

For Treatment: Your personal health information (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. This can only take place with your authorization.

For Payment: We may use and disclose PHI so that we can receive payment for your treatment Services. This will only be done with your authorization.

Required By Law: The following is a list of the categories of use and disclosures permitted by HIPPA without an authorization.

- Abuse & Neglect
- Judicial and Administrative Proceedings
- Court Order
- Deceased Persons
- Emergencies
- Family Involvement Care
- Health Oversight
- Law Enforcement
- National Security
- Public Health
- Public Safety (Duty to Warn and Protect)
- Research

Verbal Permission: We may use or disclose your information to your family members that are directly involved with your treatment with your verbal permission.

Your Rights Regarding Your PHI

You have the following rights regarding the PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at Beyond Healing Counseling Center.

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 care. 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 the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although 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 that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

Right to a Copy of this Notice. You have a right to a copy of this notice.

Complaints:

If you believe we have violated your privacy right, you have the right to file a complaint in Writing with the Secretary of Health and Human Services at 200 Independence Ave., S.W., Washington, DC, 20201 or by calling 202-619-0257 We will not retaliate against you for filing a complaint.