

Notice Of Privacy Practices

Effective date: 8/09

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COUNSELING ON MERIDIAN

8935 N. Meridian St., Suite 103 Indianapolis, Indiana 46260

Phone: (317) 846-2444 Fax: (317) 846-2452

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Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as a client of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

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A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected health information*, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

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We realize that these laws are complicated, but we must provide you with the following important information:

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- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

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The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Before making significant changes to the privacy practices, this Notice will be changed, and you may request a copy of our most current Notice at any time.

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**B. If you have questions about this Notice, please contact:
Counseling on Meridian, (317) 846-2444.**

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C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

5 **1. Payment.** We may use your PHI in order to bill you directly for services. Also our practice may use and disclose your PHI in order to bill, and collect payment for the services you receive from us and/or submit on your behalf. While it is your responsibility to correspond with your insurance company regarding coverage, your health insurer may contact us, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.

10 **2. Reports.** Your insurance carrier may request additional information such as a treatment plan or summary, and in rare cases, a copy of the entire record. This information will become part of the insurance company file and likely will become computerized. In some cases, they may share the information with a national medical information bank. You may request, in writing, a copy of any reports that we may submit.

15 **3.** Both laws and standards of our profession require that appropriate treatment records be kept. You can request, in writing, a copy of the records, or an appropriate summary will be prepared. Allow 30 days for this.

4. Disclosures required by law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

20 **a. Public health risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or

25 condition,

- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an elderly person.

30 **b. Serious threats to health or safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

35 **5. Supervision.** The state of Indiana requires a therapist to be supervised by an approved supervisor for a period of time prior to full licensure. Your PHI may be disclosed, *within our office*, for supervision purposes. Each staff professional is required by law to protect confidentiality.

6. Your Authorization. In addition to our use of your PHI for treatment and payment, you may give us written authorization to share your PHI with other healthcare professionals and/or agencies to facilitate consistent quality treatment.

40 **7. Practice Operations.** Our practice may disclose your PHI within my office to operate our business. Examples would be to provide you with appointment reminders or to contact you to reschedule an appointment in the case of an emergency.