



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and how to access your information.

YOU HAVE THE RIGHT TO:

- Get a digital or paper copy of your medical record. You may request a copy of your medical record. Copies are generally provided within 30 days. We may charge a reasonable cost-based fee. Your provider may wish to review the record with you prior to release. We store medical records for 7 years after your last visit. If your medical record is more than 7 years old (from the date of your last visit), we will not be able to provide you a copy.
- Ask us to correct your medical record. You can ask us to correct any information in your medical record that you believe is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- Request specific forms of communication between you and our organization. You can ask us to contact you in a specific way (text, email, home address, etc.). We ask on our intake form what your preference is. Should your initial request change, you can email our office manager at info@starkvillecounseling.com requesting your preferred form of contact.
- Ask us to limit what we share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and can say “no” if it affects your care. If you pay for a service out of pocket in full, you can ask us not to share that information with your insurance company. We will say “yes” unless there is a law that requires us to share that information.
- Get a list of those with whom we have shared information. You can ask for a list of times we have shared your medical information for 7 years prior to the date you ask. This list will include with whom we shared and for what purpose the information was shared. We will include all disclosures except those about treatment, payment, and health care operations and certain other disclosures, such as those you may have asked us to make on your behalf. We will provide one accounting per year for free. If you ask for more than that within a 12-month time frame, we will charge a reasonable cost-based fee.
- Get a copy of this notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that person has this authority and can act for you on your behalf before we take any action.
- File a complaint if you feel your rights have been violated. You can and are encouraged to express a complaint to our Executive Director who is our Privacy Officer if you feel your rights have been violated. You can also file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights by:

sending a letter: 200 Independence Avenue, S.W.,
Room 509F HHH Bldg.
Washington, D.C. 20201

calling: 1-800-368-1019

or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

OUR USES AND DISCLOSURES

We typically only share your health information in the following ways:

- To treat you and contact you when necessary. We can use your health information to treat you. For example, we may send you a reminder about your next appointment. We may share it with other health professionals who are treating you. When sharing with other health professionals outside of our office, we generally seek written permission prior to sharing such information unless it is needed to lessen a serious and imminent danger to your health or safety.
- To run our organization. We can use and share your health information with third parties to help us run our practice, improve your care, and contact you when necessary. For example, we may share your cell phone number for the purpose of sending encrypted texts with the third party who provides that service. If we disclose your information to any entity for such purposes, we will have an agreement with them to safeguard your information.
- To bill for your services. We can use and share your health information to bill and get payment from health plans and other entities.

We never share your information for:

- Marketing purposes
- Sale of information
- Fundraising

USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We may be required to share your information in other ways. Exceptions to your rights to privacy include ways that contribute to the public good or are required by law. We take your privacy very seriously and will share the minimal amount of information to meet conditions necessitated under the law. Examples of these exceptions include:

- To prevent or reduce a serious threat to anyone's health or safety
- To report child abuse or neglect
- To comply with judicial proceedings (ex: a judge orders the release of your medical record)
- To prevent or control disease, injury or disability
- To notify people of product recalls
- To report adverse reactions to medications
- To comply with legally required public health research
- To comply with health oversight activities authorized by law such as audits; investigations, agency inspections; and disciplinary actions; or other activities necessary for appropriate oversight of the health care system, government programs and compliance with applicable laws.
- To work with a coroner or medical examiner consistent with applicable laws and only to the extent necessary to assist them in carrying out their duties
- To facilitate worker's compensation claims as authorized by law
- To address inquiries from law enforcement but only in very limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.
- To comply with other special government function requests such as the military, national security, and presidential protection services
- To correctional facilities *if you are or become an inmate*, then we may share Information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of the safety, security and good order of the institution.

OUR RESPONSIBILITIES TO YOU INCLUDE:

- Maintaining the privacy and security of your protected health information
- Informing you if a breach occurs that may have compromised the privacy and security of your health information
- Following the duties and responsibilities of this notice and give you a copy of it

For more information:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.htm

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

We will not use or share your information other than as described here unless you tell us we can in writing. If we wish to use or disclose your medical information for a purpose not set forth in this Notice, we will seek your authorization.

You may authorize disclosure of specific information by issuing a written consent for release of your health information. If you change your mind at any time regarding any consent you give us to release your information, you may withdraw your consent in writing and we will immediately comply with your request.

CHANGES TO TERMS OF THIS NOTICE: *We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available in our office and on our website.*

This notice was updated May 1, 2023.