

MINDFULNESS COUNSELING

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: October 1, 2017

Requirement to safeguard your protected health information (PHI).

Mindfulness Counseling is committed to protecting the privacy of your health information, called “protected health information” or “PHI”, in accordance with federal privacy regulations, state and federal law, as well as the ethics of the counseling profession. PHI is information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or payment for health care provided to you. We are required to provide you with this notice to explain our privacy practices and how, when, and why we use and disclose your PHI. In general, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure, although there are some exceptions. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal law allows us to use and disclose your health information for these purposes. Michigan law and/or Federal regulations place certain additional restrictions on the use and disclosure of PHI for mental health, substance abuse, HIV/AIDs conditions, and certain genetic information. In some instances, your specific authorization may be required.

We are legally required to follow the privacy practices described in this notice and notify you following a breach of your unsecured PHI.

How we use and disclose your PHI.

We use and disclose PHI only with appropriate consent or with sound legal or ethical justification. There are some categories which do not require your consent as described below:

1. Uses and disclosures relating to treatment, payment or health care operations do not require your consent. We may use and disclose your PHI to bill and collect payment for the health care services provided to you. We may use your PHI in the normal course of conducting our business operations and to contact you. We may use some of your PHI and disclose it to your health plan for payment.

2. Disclosures required by federal, state or local law, judicial or administrative proceedings or law enforcement do not require your consent. The American Counseling Association Code of Ethics outlines the limitations to confidentiality and instructs us to identify situations in which confidentiality must be breached. Confidentiality of PHI does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. We will consult with other professionals when in doubt as to the validity of an exception.

Additional considerations may apply when addressing end-of-life issues. Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option to maintain confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

When clients disclose that they have a disease commonly known to be both communicable and life threatening, we may be justified in disclosing information to identifiable third parties, if the parties are known to be at serious and foreseeable risk of contracting the disease. Prior to making a disclosure, we assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party. We adhere to relevant state laws concerning disclosure about disease status.

When ordered by a court to release confidential or privileged information without a client's permission, we will seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

3. Other disclosures that do not require your consent. We may provide PHI to a family member or other persons involved in your care or responsible for the payment of your health care, unless you object in whole or in part. In the case of emergency, we may disclose PHI to the individual listed as your emergency contact on your completed Client Information Form. In order to provide the best and most appropriate treatment to you, we may consult with other licensed mental health care professionals regarding your treatment. In such instances, we will not provide any information which could be used to identify you or your family or associates. Additionally, these consultations will only occur with others who are also bound by federal, state and professional organization codes of ethics.

4. All other uses and disclosures require your prior written authorization. In situations that are not covered by this Notice, your written authorization is needed before using or disclosing your PHI, including most uses and disclosures of psychotherapy notes (if recorded or maintained by us). Your authorization can always be revoked in writing (but would not apply to prior disclosures made based on your initial authorization).

5. Situations in which your PHI will not be used. We will not use your PHI in any directory, marketing efforts, research purposes, health information exchanges or fund raising efforts.

Your Rights

WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS. THIS SECTION EXPLAINS YOUR RIGHTS AND SOME OF OUR RESPONSIBILITIES TO HELP YOU.

1. Request an electronic or paper copy of your medical record. You can ask to see or to obtain a copy of your medical record and other information we have about you. We will provide a copy or summary of your record, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

2. Request us to correct your medical record. You can ask us to correct certain PHI about you that you think is incorrect or incomplete. This request must be in writing. We may say “no” to your request, but we will tell you why in writing within 60 days.

3. Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You can instruct us as to whether and where we may leave a message for you. We will agree to all reasonable requests.

4. Request we limit what we use or share. If you pay for a service or your health care out-of-pocket in full, you can request in writing that we not share that information with your health insurer. We will agree unless a law requires us to share that information.

5. Request release of your PHI to a third party. You may provide written authorization instructing us to release certain PHI to a specified third party. You also have the right to revoke this same authorization at any time; however, the revocation is not valid for any actions taken during the time the authorization was in effect.

6. Request a list of those with whom we have shared PHI. You can request in writing a list of the times we have shared your PHI for the six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

7. Receive a copy of this privacy notice. You can request a paper copy of this notice at any time. You also have a right to receive an updated copy whenever there are changes to this privacy notice.

WHO YOU CAN CONTACT FOR INFORMATION ABOUT THIS NOTICE OR OUR PRIVACY PRACTICES. If you have questions about this Notice or complaints about our privacy practices, or if you would like to know how to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, you can contact our Privacy Director at (248) 558-0950.

We have the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.



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