

Client name: _____

Client D.O.B.: _____



OHIO FAMILY COUNSELING
AND CONSULTATION, LLC

Ohio Family Counseling and Consultation, LLC
550 Main Street
P.O. Box 1311
Coshocton, Oh 43812
740-291-3737

NOTICE OF PRIVACY PRACTICES

This notice describes how medical and health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Protected Health Information (PHI) is information that identifies you and relates to health care services, payment of health care services, or your physical or mental health or condition, in the past, present, or future. As stated above, Ohio Family Counseling and Consultation, LLC's (herein referred to as OFC&C) Notice of Privacy Practices (hereinafter referred to as Notice") describes:

1. how OFC&C may use or disclose your PHI
2. your rights to access, inspect, and control your PHI

This notice is posted at and is available at all OFC&C facilities where services are provided. A copy of the notice will be provided to anyone upon request.

OUR RESPONSIBILITIES

OFC&C is required by Federal Law to:

1. maintain the privacy of your PHI
2. provide you with notice of OFCC's legal duties and privacy practices
3. notify you in the unlikely event of a breach of unsecured PHI. We are required to abide by the terms of this Notice so long as it is in effect. We do reserve the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by OFC&C. OFC&C will promptly revise and distribute a new Notice whenever there is a material change. Except when required by law, a material change will not be implemented before the effective date of the new Notice in which the change is reflected

Please Note: For your convenience, all forms identified below may be obtained at any OFC&C office or by contacting the Chief Clinical Operations Officer at 740-291-3737.



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USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

Use and Disclosure with Your Authorization: Except as outlined below, OFC&C will not use or disclose your PHI unless you have signed a HIPAA compliant form authorizing the use or disclosure. You also have the right to revoke an authorization in writing unless OFC&C has already taken action in reliance on that authorization. You may complete an OFC&C form to revoke an authorization on the client portal. You may also request a form be mailed to you and returned to P.O. Box 1311 Coshocton, OH 43812. There are certain uses and disclosures of your PHI for which OFC&C will always obtain a prior authorization. These include:

1. most uses and disclosures of psychotherapy notes, as applicable, unless otherwise permitted or required by law
2. subject to certain limited exceptions, use or disclosure of PHI for marketing purposes
3. sale of your PHI

Use and Disclosure for Treatment: OFC&C may use and disclose your PHI to coordinate or manage your care within OFC&C. For example, your OFC&C clinician may consult with an OFC&C therapeutic support specialist regarding your care. OFC&C may also use and disclose your PHI to individuals or organizations outside of OFC&C who are involved in your care, such as your primary doctor, other healthcare providers, or contracted services. For example, a doctor/healthcare facility not affiliated with OFC&C, who is involved in your care, may request parts of your PHI to make decisions about your care.

Use and Disclosure to Obtain or Provide Payment: OFC&C may use and disclose your PHI to collect or make payment for your care. For example, OFCC may:

1. transmit PHI regarding your treatment to entities paying for your services such as Medicaid, or Medicare/insurance companies,
2. disclose PHI to apply for pre-authorization for services; and/or
3. include PHI on invoices to collect payment from you, a person responsible for payment, or other third parties

Use and Disclosure for Healthcare Operations: OFC&C may use and disclose your PHI for OFC&C operations as necessary, and as permitted by law, to provide and improve services. Examples include but are not limited to:

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1. quality assurance and improvement activities
2. case management and care coordination
3. professional review and performance evaluation
4. auditing, including compliance reviews
5. medical reviews
6. legal services
7. business management and general administrative activities

For example, OFC&C may:

1. use PHI to evaluate staff performance
2. combine your PHI with other clients' PHI to evaluate how to better serve clients
3. disclose PHI to contracted personnel for limited training purposes
4. disclose PHI to another healthcare facility, healthcare professional, or health plan for purposes such as quality assurance and case management, but only if that individual or entity also has or had a patient/client relationship with you

Family and Friends Involved in your care

With your approval, OFC&C may disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care. However, we may share limited PHI with such individuals without your approval if you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest. We may also share limited PHI with such individuals if otherwise permitted or required by law.

Business Associates

Certain aspects and components of our services are performed through contracts/agreements with outside persons/organizations/businesses, such as auditing, accreditation, actuarial services, claims payment, data compilation, legal services, and others. At times, it may be necessary to provide certain parts of your PHI to one or more

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of these persons/organizations/businesses. In all cases, OFC&C requires that these Business Associates appropriately safeguard the privacy and security of your PHI.

Appointment Reminders

OFC&C may use and disclose your PHI to contact you to leave appointment reminders. If you wish to not have appointment reminders left on voice mail or do not want mail sent to a particular phone number, address or email address, we will accommodate reasonable requests and will not require an explanation.

Treatment Alternatives

OFC&C may use and disclose your PHI to advise you of or recommend services or treatment options that may be of interest to you. We will not use your PHI to communicate with you about products or services which are not health related without your written permission.

42 CFR Part 2

The confidentiality of substance use disorder patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing; **or**
2. The disclosure is allowed by a court order accompanied by a subpoena; **or**
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; **or**
4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program,

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

OTHER USES OR DISCLOSURES

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OFC&C is permitted or required by law to make certain other additional uses and disclosures without your authorization. OFC&C will follow applicable law when making such disclosures.

Legally Required Disclosures: OFC&C will disclose your PHI for any purpose required by Federal, State, or local law.

Serious Threat to Life, Health, or Safety: OFC&C may disclose your PHI if it is believed, in good faith and consistent with applicable law and ethical standards, that it is necessary to prevent or decrease serious and imminent threat to your life, health, or safety or the life, health, or safety of another individual(s) or the public.

Risks to Public Health: OFC&C may disclose your PHI to a public health authority, as allowed or required by law to:

1. prevent or control a disease, injury, or disability
2. report disease, injury, and vital events such as birth or death
3. conduct public surveillance, investigations, and interventions
4. notify a person(s) who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease

Reports to the Food and Drug Administration: In accordance with applicable law, OFC&C may release your PHI to report adverse events and/or product defects to the Food and Drug Administration or to participate in product recalls initiated by the Food and Drug Administration.

Report of Abuse, Neglect, or Domestic Violence: In accordance with applicable law, OFC&C will disclose your PHI to fulfill legal obligations to report to legal authorities suspected child and/or elder abuse or neglect. We may also release your PHI, as required by law, if we have reasonable belief that you are a victim of abuse, neglect, or domestic violence.

Health Oversight: OFC&C may disclose your PHI if required by law to a health oversight agency conducting audits, civil administrative or criminal investigations, inspections, or licensure or action. However, we may not disclose your PHI if you are the subject of an investigation that does not fall under health oversight activities. For example, if your PHI is not directly related to your receipt of health care or public benefits.

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Judicial and Administrative Proceedings: OFC&C may disclose your PHI if required by law to do so by a court or administrative ordered subpoena or discovery request (in most cases you will have notice of such a request).

Law Enforcement: OFC&C may disclose specific and limited PHI about you for certain law enforcement reasons as required by law, including but not limited to reporting wounds, injuries, and crimes.

Research: OFC&C may, under limited circumstances, use and disclose your PHI for research. For example, a researcher might want to review the outcomes of clients who received a particular medication or other treatment. Before PHI which could identify you would be released for such research purposes, the project will be subject to an extensive OFC&C review and approval process including strict confidentiality requirements. In all cases where your specific prior authorization is not requested, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of PHI information.

Specialized Government Functions: OFC&C may be required or authorized by Federal regulations to use or disclose your PHI to facilitate specified government functions. For example, OFCC may be required by law to release your PHI if you are a member of the military as required by armed forces services; we may also release your PHI for national security and intelligence activities and protective services for the President and others.

Correctional Institution: We may release your PHI to a correctional institution or to law enforcement officials under certain circumstances, if you are an inmate or under the custody of a law enforcement official.

Worker's Compensation: OFC&C may use or disclose your PHI to comply with worker's compensation law or similar programs established by law that provide benefits for work related injuries or illness.

Transfer of Information at Death: In accordance with applicable law, OFC&C may disclose PHI to funeral directors, medical examiners, and coroners.

Organ Procurement: In accordance with applicable law, OFC&C may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, if necessary, to arrange an organ, eye, or tissue donation by you or a transplant for you.

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YOUR RIGHTS WITH REGARD TO PHI

Right to a Personal Representative: You may identify a person(s) to serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, or a Durable Power of Attorney for Health Care, if it allows such person to act when you are able to communicate on your own, or other method recognized by applicable law. OFC&C may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your PHI for treatment, payment, or healthcare operations by notifying OFC&C in writing of the request. OFC&C will consider the request but is under no obligation to accept it or abide by it unless the request concerns disclosure of PHI to a health plan for purposes of carrying out payment or health care operations and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full by you or someone else.

You may request a restriction by completing an OFC&C disclosure restriction form and providing it to the Chief Clinical Operations Officer at PO Box 1311 Coshocton, OH 43812. OFC&C has the right to terminate a restriction (except as described above) if we believe it is not appropriate, and OFC&C will notify you of such termination. You also have the right to terminate orally or in writing a previous restriction. Oral terminations will be documented by OFC&C personnel. For your convenience, written termination may be communicated by completing an OFC&C termination of restrictions form and providing it to the Chief Clinical Operations Officer at PO Box 1311 Coshocton, OH 43812

Right to Receive Confidential Communications: You have the right to request that we communicate with you in a confidential manner. For example, you may wish to not have messages left on your voice mail or sent to a particular address. You may request that we communicate regarding your PHI using alternative means or a different location.

We may not require that you provide an explanation for your request. The request must be made in writing and signed by you/your authorized representative. You may make a request by completing an OFC&C request for confidential communication form and providing it to the Chief Clinical Operations Officer at PO Box 1311 Coshocton, OH 43812. We will attempt to honor any reasonable request.

Right to Access, Inspect, and Copy Your PHI: You have the right to copy and/or inspect much of the PHI that we retain on your behalf. The request must be made in writing and

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signed by you/your authorized representative. Certain restrictions may apply as permitted or required by law. You may make a written request by completing an OFC&C form to request access/inspection/copying of your PHI and providing it to the Chief Clinical Operations Officer at PO Box 1311 Coshocton, OH 43812. If you request a copy of health information, we may charge reasonable copying, processing and personnel fees. You may request an electronic copy of your health information that exists in an electronic format, and you may direct that the copy be transmitted directly to an entity or person designated by you, providing the designation are clear and specific with complete name and mailing address or other identifying information. Under special circumstances as required or permitted by law, we may decide not to share information. You may request a review of the denial by completing an OFC&C request for review of denial form and providing it to the Chief Clinical Operations Officer at PO Box 1311 Coshocton, OH 43812

Right to Amend Your PHI: You have the right to request an amendment of your records if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the information. The request must be made in writing and signed by you/your authorized representative. You may make a request for an amendment by completing an OFC&C request for amendment form and providing it to the Chief Clinical Operations Officer at PO Box 1311 Coshocton, OH 43812. OFC&C may deny the request if it is not in writing or if it does not include a reason for the request. The request may also be denied if:

1. your health information records were not created by us
2. the records you are requesting to amend
 - a. are not part of our records
 - b. are not part of the health information you are permitted to inspect and copy
3. if, in our opinion, the records containing your health information are accurate and complete. Amendments may take the form of including a written statement from you and may not include changing, defacing, or destroying any necessary information related to your health care

Right to Accounting of Disclosure: You have the right to request an accounting of disclosures of your PHI made by OFC&C for certain reasons, including reasons related to public purposes authorized by law, and certain research. The request must be made in writing and must be signed by you/your authorized representative. You may make a request by completing an OFC&C accounting of disclosures form and providing it to the

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Clinical Records Manager at PO Box 1311 Coshocton, OH 43812. The request must specify the time period for the accounting starting on or after June 6, 2006. Accounting requests may not be made for periods of time beyond six (6) years prior to the date on which the accounting is requested.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously or have previously agreed to receive it electronically. To obtain a paper copy, please contact Chief Clinical Operations Officer at 740-291-3737.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a written complaint with the OFC&C's Chief Clinical Operations Officer at PO Box 1311 Coshocton, OH 43812. You may receive a form for your convenience by contacting the Chief Clinical Operations Officer at 740291-3737. You will not be retaliated against in any way for filing a complaint.

You may also file a written complaint within 180 days of a violation of your rights with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201 or call toll-free (877) 696-6775, or mail to OCRComplaint@hhs.gov, or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Ill. 60601, Voice Phone (312) 886-2359, FAX (312) 886-1807, or TDD (312) 353-5693.

FOR FURTHER INFORMATION

If you have any questions regarding this Notice of Privacy Practices, please contact the OFC&C's Chief Clinical Operations Officer at 740-291-3737

By signing below, I hereby acknowledge that I have been informed of and presented a copy of this Notice of Privacy Practices (HIPAA).

Signature: _____

Relationship to Client: _____

Name: _____

Date: _____