

NOTICE OF PRIVACY PRACTICES

This notice describes how psychological and medical information about YOU may be used and disclosed and how YOU can get access to this information.
Please read and review this information carefully.

Columbia Counseling Center and its providers are committed to protecting patient privacy. We are required by law to maintain the privacy of your **Protected Health Information (PHI)** while providing psychological services.

I. **Uses and Disclosures of Protected Health Information in accordance with the Health Insurance Portability and Accountability Act (HIPAA)**

Columbia Counseling Center (CCC) may use or disclose PHI for treatment, payment and health care operations in accordance with regulatory consent granted by Department of Health and Human Services and may request your written authorization.

- a. **Treatment:** We will use and disclose PHI in order to provide, coordinate or manage your psychological care. For Example – We may disclose your PHI to physicians, therapists or other healthcare providers who are treating you or assisting in your diagnosis, treatment or care.
- b. **Payment:** We may use or disclose PHI as needed to obtain payment for psychological services. This may include disclosure of information for verification of insurance benefits, pre-certification, authorization, submission of electronic or paper claims to insurance carriers. If more than one third party payer is responsible for payment, we will disclose PHI to secondary insurance plans who may disclose your PHI with each other.
- c. **Health Care Operations:** We may use or disclose, as needed, PHI in order to facilitate the delivery of psychological services. For Example – we may call you by name in the waiting room area when your provider is available to see you. We may use or disclose your PHI to contact you to schedule or confirm an appointment. We may disclose PHI with other “Business Associates” who perform various services for or on behalf of CCC, which may include but not limited to answering service, electronic billing services, accountants or other professional consultants.
- d. **Psychotherapy Notes:** Notes recorded by your clinician(s) documenting a psychotherapy session including individual, marital, family or group sessions will be used by your provider and may be disclosed to another provider for case consultation, but will not otherwise be used or disclosed without your written authorization, except when required by law.

II. **Uses and Disclosures of Protected Health Information without authorization.**

Columbia Counseling Center (CCC) may use or disclose your Protected Health Information (PHI) without your consent or authorization in the following circumstances:

- a. **As required by law:**
 1. **Child Abuse** – Columbia Counseling Center may disclose PHI to appropriate authorities if there is reason to believe that a child has been subjected to abuse or neglect.
 2. **Adult and Domestic Abuse** – Columbia Counseling Center may disclose PHI if there is reason to believe that you may be a victim of abuse, neglect, self-neglect or exploitation.
 3. **Suicidal or Homicidal** – Columbia Counseling Center may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
 4. **Health Oversight Activities** – Columbia Counseling Center may disclose PHI if a subpoena is received regarding an investigation by a state governing board or federal agency authorized to access PHI.
 5. **Judicial and Administrative Proceedings** – Columbia Counseling Center may disclose PHI if you are involved in a court proceeding and records are requested by court order or other lawful process including law enforcement.

III. Patient Rights

- a. Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI. You must request any such restrictions in writing. Columbia Counseling Center is not required to agree to a restriction that you have requested.
- b. Right to Alternative Communications – You may request and receive PHI by alternative means at alternative locations via a written request. For Example – You may request, in writing, that your patient bills are sent to another address.
- c. Right to Inspect and Copy – You may request access to your medical record in order to inspect or obtain a copy. All requests must be made in writing. Your provider may deny access to your records. If in the professional judgement of your provider disclosure of the medical record may cause harm or be injurious to your psychological or physical health or safety, then access can be denied. A summary of the record may be made available, under certain circumstances and released directly to another health care provider. Columbia Counseling Center may charge a fee for the cost of reviewing, summarizing, copying and sending any records requested. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may not be accessible to you.
- d. Right to Amend – You have the right to request an amendment of PHI. Your request must be made in writing and explain why the information should be amended. Your request may be denied under certain circumstances.
- e. Right to an Accounting – You have the right to receive an accounting after April 13,2003, of PHI disclosures upon your written request not including disclosures for treatment, payment, or health care operations made previous to your authorization.
- f. Right to Obtain Notice – You may obtain a paper copy of this notice by submitting a request to the privacy officer at any time.
- g. Questions and Complaints – If you have a question regarding your privacy rights or any suspected violation thereof, you may contact the Privacy Officer, Dr, Maria Slodzinski by submitting an email to columbiacounselingmd@gmail.com. Please state "Email for Dr. Maria Slodzinski" in the subject line and it will be forwarded to her in a timely fashion. You may also send a written complain to U.S Dept. of Health and Human Services.

IV. Effective Date and Changes to this Privacy Notice

- a. Effective Date – This notice is effective, April 14, 2003
- b. Changes to this Notice – The terms of this notice may change at any time and revised notice will be provided regarding PHI and will be clearly posted.

You may revoke authorizations of PHI, provided each request is in writing. You may not revoke an authorization to the extent that Columbia Counseling Center has already relied on that authorization including but not limited to the following:

1. Treatment
2. Payment
3. Health Care Operations

** I acknowledge that I have received a copy of the Notice of Privacy Practices and I consent to the policies and disclosure of my PHI by signing my New Patient Paperwork or Internal Referral Paperwork.

** If you wish to decline and not sign the New Patient Paperwork or Internal Referral Paperwork agreeing to the PHI notice and policies, Columbia Counseling Center cannot provide services to you.