

Phoenix Counseling, LLC

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on September 18, 2022

NOTICE OF PRIVACY PRACTICES

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

Phoenix Counseling, LLC is committed to protecting medical, mental health, and personal information about your (“Protected Health Information” or PHI). We are required by law to maintain the privacy of your PHI, provide you information about our legal duties and privacy practices, inform you of your rights and the ways in which we may use PHI and disclose it to other entities and persons.

This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

1. Make sure your health information is protected.
2. Give you this Notice describing our legal duties and privacy practices with respect to medical information.
3. Follow the terms of the Notice that is currently in effect.

1. Uses and Disclosures for Treatment, Payment and Health Care Operations

The following categories describe different ways that I use and disclose health information. Some information, such as certain drug and alcohol information, HIV information, genetic information and mental health information is entitled to special restrictions related to its use and disclosure. Not every use or disclosure will be listed. All the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Other uses and disclosures not described in this Notice will be made only if we have your written authorization.

Treatment

We may use Health Information about you to provide you with medical and mental health services. For example, if you are being treated by a psychiatrist, I can disclose PHI to your psychiatrist in order to coordinate your care. The disclosure of your Health Information to non-Phoenix Counseling, LLC providers may be done electronically through a health information exchange that allows providers involved in your care to access some of your records to coordinate services for you.

Payment

We may disclose Health Information about you so that the treatment and services you receive at Phoenix Counseling, LLC or from other entities, such as a billing company, may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about therapy received at Phoenix Counseling, LLC so your health plan will pay us or reimburse you for therapy. We may also tell your health plan about a proposed treatment to determine whether your plan will pay for the treatment.

For Health Care Operations

We may use and disclose Health Information about you for our business operations. For example, your PHI may be used to review the quality and safety of our services, or for business planning, management, and administrative services. We may contact you about alternative treatment options for you or about other benefits or services we provide. We may also use and disclose your health information to an outside company that performs services for us such as accreditation, legal, computer, or auditing services. These outside companies are called “business associates” and required by law to keep your PHI confidential.

Disclosure

I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn’t required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information.

1. You may revoke all authorizations at any time, provided each of the revocation is in writing. You may not revoke authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining

insurance coverage, and the law provides the insurer the right to contest the claim under policy.

2. Uses and Disclosures and Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

Abuse and Neglect Reporting

We may disclose your Health information to government authority that is permitted by law to receive reports of abuse or neglect of children if we have reason to suspect that a child is abused or neglected. Also, if we have reason to suspect that an elderly or incapacitated adult is abused, neglected, or exploited, we are required by law to immediately make a report and provide relevant information.

Health Oversight

If a licensing board is conducting an investigation, then we are required to disclose your mental health records upon receipt of a subpoena from the board.

Lawsuits and Other Legal Proceedings

We may disclose Health Information to courts, attorneys and court employees in the course of conservatorship, writs, and certain other judicial or administrative proceedings. We may also disclose PHI about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, or other lawful process.

Prevent a Serious Threat to Health or Safety

We may use and disclose Health Information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

Workers Compensation

We may use or disclose Health Information about your or Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

3. Your Rights Regarding Health Information

Your Health Information is the property of Phoenix Counseling, LLC. You have the following rights regarding the health information we maintain about you:

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. However, I am not required to agree to a restriction you request.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by email.

Right to an Accounting of Disclosure

You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, we will discuss with you the details of the accounting process.

Right to Inspect and Copy

With certain expectations, you have the right to inspect and/or receive a copy of your PHI. If we have the information in electronic format, you have the right to your PHI in electronic form if it is possible for us to do so. If not, we will work with you to agree on a way for you to get the information electronically or as a paper copy.

Right to Request and Amendment or Addendum

If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request and amendment or addendum for as long as the information is kept by or for Phoenix Counseling, LLC.

Right to a copy of this notice

You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time.

Right to be Notified of a Breach

You have the right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that a PHI has not been encrypted to the government standards; and (c) my risk assessment failed to determine there is a low probability that your PHI has been compromised.

1. **Questions or Complaints**

If you have any questions about this notice, please contact Emily Lake at (605) 741-4047. If you believe your privacy rights have been violated you may file a complaint with our office, you may send your written complaint to Emily Lake 3618 Canyon Lake Drive Suit 107, Rapid City, SD 57702 or email emily@phoenixcounselingllc.com. You may also file a complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights. This information can be obtained from Emily Lake at your request. You will not be penalized for filing a complaint as it is part of your rights under the Privacy Rule.

2. **Changes to Phoenix Counseling, LLC Privacy Practices and This Notice**

We reserve the right to change our privacy practices and this notice. We reserve the right to make the revised or changed notice effective for the PHI we already have about you as well as any information we receive in the future. If we review the policies and procedures, we will email you a revised notice. In addition, at any time you may request a copy of the current notice in effect.

This notice will go into effect on September 18, 2022.

By signing below I agree that I have been provided a copy of Phoenix Counseling, LLC Notice of Privacy Practices. We have discussed these policies, and I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving mental health services.