

## HIPAA Privacy Policy

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY YOUR PROVIDER AND ELEVATE COUNSELING AND CONSULTING, LLC AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

### UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI)

Understanding what is in your health record and how your health information is used will help you to ensure its accuracy, allow you to better understand who, what, when, where and why others may access your health information, and assist you in making more informed decisions when authorizing disclosure to others. The information that identifies you and that relates to your past, present and future physical or mental health condition and related health care services is referred to as Protected Health Information (“PHI”).

When you visit us, we keep a record of your symptoms, progress, diagnoses, treatment plan, and other medical information. We also may obtain health records from other providers. In using and disclosing this protected health information (PHI), it is our objective to follow the Privacy Standards of the federal Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Part 464. The law allows us to use and disclose PHI without your specific authorization for treatment, payment, operations and other specific purposes explained on the next page. This includes disclosing PHI to those who are involved in your care for the purpose of providing, coordination, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. This also includes contacting you for appointment reminders and follow-up care. All other uses and disclosures require your specific authorization.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of you PHI. For training or teaching purpose, PHI will be disclosed only with your authorization. Your PHI will be provided to make confirmation calls, texts and/or emails to remind you of your appointments. If this is a problem, please let your provider know or indicate so on your initial paperwork.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigation or determining our compliance with the requirement of the Privacy Rule.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization: Abuse and Neglect, Judicial and Administrative Proceedings, Deceased Persons, Emergencies, Family Involvement in Care, Law Enforcement, National Security, Public Safety (Duty to Warn)



Main office: 5308 Parklane Drive #5, Kearney, NE 68847

Second location: 8 West 56th Street #A3, Kearney, NE 68847



308-251-2222



frontdesk@elevatekearney.com



www.elevatekearney.com

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Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are as follows:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigation (such as the licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

### **Your Rights Regarding your PHI**

You have the following rights regarding PHI we maintain about you.

- Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care.
- Right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. You have a right to an electronic copy of your records, where one exists.
- Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- Right to Restrict our office from submitting services and diagnosis to your insurance company if you pay cash for mental health services,
- Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- Right to a Copy of this Notice. You have the right to a copy of this notice.
- Right to Notification in the event of a security breach.
- Right to Opt Out of receiving solicitations for fundraising and/or marketing.

### **Complaints**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing to Elevate Counseling and Consulting, LLC, 5308 Parklane Drive #5, Kearney, NE 68847 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

We will not retaliate against you for filing a complaint.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of the HIPPA Notice of Privacy Practices.