



# HIPAA PRIVACY POLICY

## ASPIRE TO EMPOWER COUNSELING SERVICES LLC

(last updated January 9, 2018)

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This statement details company policies regarding the use and disclosure of your protected health information on behalf of your provider to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. This policy is informed by the federal Health Insurance Portability and Accountability Act (HIPAA) originally passed in 1996 and updated in 2013.

*“Protected health information” (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future behavioral health condition and related health care services.*

### 1. Electronic Collection of Information From Clients

In opting to make use of the online booking services we offer to new clients, you should be aware that the following information will initially be collected: Client Name, Date of Birth, Address, Telephone Number, E-mail Address, Payment Information for Appointments, and if applicable, Insurance Information (name of health insurance company, member ID, group number, subscriber name, subscriber date of birth, subscriber address, subscriber telephone, client’s relationship to subscriber). You will also be required to agree to your provider’s specific cancellation fee and payment policy in order to book an initial appointment. You will have the option of securely submitting your clinical History Forms electronically, or you may print blank forms to bring the information in-person to your first appointment. Please note that while submitting forms electronically through our web portal provides secure protection of your information, should you opt to e-mail messages containing confidential or protected health information to us we cannot guarantee the security of your own Internet Service Provider (ISP) or e-mail provider and you should proceed in doing so at your own risk.

### 2. Uses and Disclosure of PHI

Your PHI may be used and disclosed by your provider, office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of your provider’s practice. Following are examples of the types of uses and disclosures of your PHI that your provider’s office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose PHI, as necessary, to other physicians who may be treating you or to whom we refer you for treatment.

**Payment from Insurers:** Your PHI will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Please note by giving consent to bill services to your insurer, you are authorizing the insurer to request at any point the following information: your provider’s intake note and any subsequent Progress Notes, which can include the modalities and frequencies of treatment furnished, the results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date; counseling session start and stop times, and any medication prescription and monitoring.

**Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. We will share your protected health information with third party “business associates” that perform various activities (for example, billing services, administrative, legal, actuarial, accounting, consulting or data services) for your provider’s practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object.**

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object: We will use and disclose your PHI when required to do so by law. Our use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. Examples of such required uses and disclosures are notifying public health authorities regarding public health activities including certain communicable diseases. Additionally, if required by law, or you agree, we would disclose your PHI to the appropriate government authority if we think you have been the victim of abuse, neglect, or



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domestic violence or if you intend to harm yourself or another individual. We may disclose your PHI to a governmental agency or regulator with healthcare oversight responsibilities. We may also disclose your PHI for workers' compensation or similar programs. We may disclose your PHI in response to a request by a law enforcement official made via a court order, subpoena, warrant, summons or similar process. We may also disclose your PHI to federal officials for national security and military activities authorized by law. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement officials as authorized by law.

### Uses and Disclosures of Protected Health Information Based upon Your Written Authorization.

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose PHI for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

### 3. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights:

**Right to inspect and copy your PHI.** This means you may inspect and obtain a copy of your PHI for so long as we maintain the PHI. You may obtain your medical record that contains medical and billing records and any other records that your provider and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

**Right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your provider is not required to agree to a restriction that you may request. If your provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider.

**Right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to your provider.

**Right to request that your provider amend your PHI.** This means you may request an amendment of your PHI in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your provider if you have questions about amending your medical record.

**Right to obtain a paper copy of this notice from us** upon request even if you have agreed to accept this notice electronically.

### 4. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe our office has violated your privacy. You may file a complaint by notifying our Privacy Officer of your complaint and we will not retaliate against you. You may contact our Privacy Officer for further information about the complaint process:

*Deatrice Green, telephone (504) 300-9163*

*Aspire to Empower Counseling Services LLC, 1050 S Jefferson Davis Pkwy. Ste. 209. New Orleans, LA., 70125*

I have read and understand the above information.

Client Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_