

PEACE Counseling
7780 49th Street N. ♦ Pinellas Park, FL 33781

NOTICE OF PRIVACY PRACTICES

Please review this notice carefully and ask your provider any questions you have about the information contained within it. PEACE Counseling (herein referred to as the “**Provider**”) is required by federal and state laws to protect your privacy and guard against unnecessary disclosure of the information contained in our records (called Protected Health Information or “**PHI**”). The Privacy Rule protects your PHI in any form or media, whether electronic, paper, or oral.

Your Protected Health Information Includes:

- Demographic information (e.g., name, address, birth date)
- Past, present or future physical or mental health or condition (e.g., symptoms, diagnosis, medications, and your prognosis)
- Past, present, or future payment for the provision of health care (e.g., claims to you and/or your insurance company)
- Appointment times and dates

YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS:

- **Treatment** is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including the following:
 - consultation between providers
 - referrals to other providers
 - communication with you for appointment reminders
 - communication with you to recommend possible treatment options or alternatives that may be of interest to you
 - prescriptions for medications
 - coordination of care with other providers, including electronic information exchange
- **Payment** encompasses activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual, including the following:
 - verifying eligibility/coverage
 - pre-authorization from insurance
 - billing and collecting payment
 - coordination of benefits with insurance
 - consumer reporting agencies regarding delinquent debt
- **Health Care Operations** are any of the following activities:
 - quality assessment and improvement activities, including satisfaction surveys, competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation
 - certifying, licensing or credentialing of health care professionals conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs specified insurance functions, such as underwriting, risk rating, and reinsuring risk
 - business planning, development, management, and administration
 - business management and general administrative activities of the entity, including but not limited to: de-identifying PHI, creating a limited data set, and certain fundraising for the benefit of the covered entity.
 - Conducting health care training programs
 - improving health care processes, reducing health care costs and assessing organizational performance
 - developing, maintaining, and supporting computer systems
 - legal services

THE FOLLOWING PROTECTED HEALTH INFORMATION HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT RECEIVING YOUR WRITTEN AUTHORIZATION OR PERMISSION:

- **Required by Law**

The Provider may use and disclose PHI without individual authorization as required by law, including by statute, regulation, or court orders (e.g., to comply with Americans with Disabilities Act, Freedom of Information Act, HIPAA privacy or security rule complaint investigation or review by the Department of Health and Human Services).
- **Abuse Reporting**

In certain circumstances, the Provider may use or disclose your PHI to appropriate government (federal, state, local or tribal) authorities to report suspected child abuse, elder abuse or neglect, or domestic violence. This reporting is for the health and safety of the suspected victim.
- **Health and Safety Activities**

The Provider may use or disclose your PHI without your authorization when necessary to prevent or lessen a serious threat to the health and safety of the public, yourself, or another person. Any disclosure would only be to someone able to help prevent or lessen the harm, such as a law enforcement agency or the person threatened. You will be notified in writing if any such disclosure has been made.
- **Public Health Activities**

The Provider may disclose your PHI without your authorization to public health and regulatory authorities, including the Food and Drug Administration and Centers for Disease Control for public health activities. These may include:

 - controlling and preventing disease, injury or disability
 - reporting vital events such as births and deaths
 - reporting communicable diseases, such as hepatitis, tuberculosis, sexually transmitted diseases & HIV
 - tracking FDA regulated products
 - reporting adverse events and product defects or problems
 - enabling product recalls, repairs or replacements
- **Health Care Oversight**

The Provider may disclose your PHI to health oversight agencies (such as Inspector General) for purposes of legally authorized health oversight activities, such as audits, investigations and inspections. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and agencies that enforce civil rights laws.
- **Eligibility and Enrollment for Federal Benefits**

The Provider may use or disclose your PHI to other Federal agencies, such as Veteran's Administration, Internal Revenue Service or Social Security Administration, to determine your eligibility for Federal benefits.
- **Judicial and Administrative Proceedings**

The Provider may disclose your PHI without your authorization for judicial or administrative proceedings including court orders, such as a subpoena signed by a judge, or administrative tribunal, requiring the disclosure. Such information may also be disclosed to defend the Provider in judicial and administrative proceedings.
- **Law Enforcement Purposes**

The Provider may disclose your PHI without your authorization to law enforcement officials for law enforcement purposes when applicable legal requirements have been met. These law enforcement purposes include:

 - responding to a court order
 - to identify or locate a suspect, fugitive, material witness, or missing person
 - identifying or apprehending an individual who has admitted to participating in a violent crime
 - to alert law enforcement of a person's death, where there is suspicion that criminal activity caused the death
 - reporting crimes that occurred on the Provider's premises
 - responding to a specific request when in pursuit of a focused civil or criminal law enforcement investigation
 - reporting fugitive felons
 - routine reporting to law enforcement agencies, such as gunshot wounds
- **Coroner or Funeral Services**

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The Provider may disclose your PHI to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.

- **Cadaveric Organ, Eye, or Tissue Donation**

When you are an organ donor and death is imminent, the Provider may use or disclose your relevant PHI to an Organ Procurement Provider (OPO) or other entity designated by the OPO for the purpose of determining suitability of your organs or tissues for organ donation.

- **Business Associates**

The Provider may provide your PHI to individuals, companies, and others who need to see your information to perform a function or service on behalf of the Provider. An appropriately executed contract and Business Associate Agreement must be in place securing your information.

- **National Security Matters**

The Provider may use and disclose your PHI without your authorization to authorized Federal officials for the purpose of conducting national security and intelligence activities. These activities may include protective services for the President and others.

- **Worker's Compensation**

The Provider may use or disclose your PHI without your authorization to comply with worker's compensation laws and other similar programs.

- **Correctional Facilities**

The Provider may use or disclose your PHI without your authorization to a correctional facility if you are an inmate and disclosure is necessary to provide you with health care, to protect the health and safety of you or others or for the safety of the facility.

- **Research**

Before the Provider may use or disclose your PHI for research, all research projects must go through an approval process. This requires a special approval process to evaluate the project and its use of PHI based on, among other things, the level of risk to you and to your privacy. For many research projects, including any in which you are physically examined or provided care as part of the research, you will be asked to sign a consent form to participate in the project and a separate authorization form for use and possibly disclosure of your PHI. However, there are times when the Provider may use your PHI without an authorization such as when:

- a researcher is preparing a plan for a research project.
- a limited data set containing only indirectly identifiable PHI (such as dates, unique numbers, or zip codes) is used or disclosed, with a data use agreement in place.

- **Military Activities**

The Provider may use or disclose your PHI without your authorization if you are a member of the Armed Forces, for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, when applicable legal requirements are met.

- **Academic Affiliates**

The Provider may use or disclose your PHI without your authorization to support our education and training program for students to enhance the quality of care provided to you.

- **State Prescription Drug Reporting Program (SPDMP)**

The Provider may use or disclose your PHI without your authorization to a SPDMP in an effort to promote the sharing of prescription information to ensure appropriate medical care.

- **General Information Disclosures**

The Provider may disclose general information about you to your family and friends. These disclosures will be made only as necessary and on a need-to-know basis consistent with good medical and ethical practices, unless otherwise directed by you or your personal representative. General information is limited to:

- verification of your identity
- your condition described in general terms (e.g., critical, stable, good, prognosis poor)

- **Verbal Disclosures to Others While You Are Present**

When you are present, or otherwise available, the Provider may disclose your PHI to your next-of-kin, family or to other individuals that you identify.

- **Verbal Disclosures to Others When You Are Not Present**

When you are not present, or are unavailable, the Provider may discuss your PHI or payment for your care with your next-of-kin, family, or others with a significant relationship to you without your authorization.

THE FOLLOWING INFORMATION WILL NOT BE USED OR DISCLOSED

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- **Sale of PHI**
The Provider will not sell your PHI. Receipt of a fee expressly permitted by law, such as Privacy Act copying fees or FOIA fees is not a sale of PHI.
- **Genetic Information Nondiscrimination Act (GINA)**
The Provider will not use genetic information to discriminate against you.

We may ask for informal permission to allow you the opportunity to agree or object to the sharing of your PHI. In emergency situations, we will use professional judgment to use or disclose information that is in your best interest. We will take precautions to only share the minimum necessary information in circumstances where your authorization or permission is not obtained and where allowed by the Privacy Rule.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

The Provider must obtain written authorization for any use or disclosure of PHI that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule as stated above. If we were to use or disclose your PHI for marketing purposes, we would require your signed written authorization. When we receive your signed written authorization we will review the authorization to determine if it is valid and then disclose your PHI as requested by you in the authorization.

REVOCACTION OF AUTHORIZATION

If you provide us a written authorization or permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. Revocation will not apply to information that has already been used or disclosed based on your written authorization.

Progress notes of your sessions are a separate category with their confidentiality so protected that you must give specific written permission to release them except for the following:

- Defending ourselves in legal proceedings
- Investigate or determine our compliance with the Privacy Rules
- Avert a serious and imminent threat to public health or safety
- As required by law

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

- **Right to Access**
You or your representative have the right to request to inspect and copy your health information, including billing records. A request must be made in writing. Your request may be denied if the Provider Privacy Officer thinks that providing your PHI may endanger your life or physical safety or that of another person.
- **Right to amendment**
You or your representative have the right to request that corrections or additions be made to your PHI if you believe that it is incorrect or incomplete. You or your health professional may add information to your record, but nothing will be removed. Under HIPAA regulations, your request does not require the Provider to change anything in your health records. If we accept your request to change or add information, we will make reasonable efforts to inform persons authorized to receive this information of the change/addition and to include the change/addition in any future sharing of your PHI. However, if we deny your request, we will provide you with a written explanation and in response you may do one of the following:
 - File an appeal
 - File a "Statement of Disagreement"
 - Ask that your initial request for amendment accompany all future disclosures of the disputed PHI
- **Right to a Disclosure Accounting**
You or your representative have the right to request an accounting of disclosures of your health information made by the Provider for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing.
- **Right to Restriction Request**
You or your representative may request restrictions on certain uses and disclosures of your health information. However, we are not required to agree to these additional restrictions if we have substantial reasons for not honoring your request.
- **Right to Confidential Communication**

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You or your representative may request that we use an alternative way to communicate with you in a confidential manner or communicate with you at an alternative location about your PHI. This request must be made in writing.

- **Right to Copy of Notice of Privacy Practices**

You or your representative may receive a copy of this notice of privacy practices at any time if it is requested.

- **Right to Express Complaints**

If you or your representative believe that your privacy rights have been violated, you have the right to express complaints to the Provider. We encourages you to express any concerns you may have regarding the privacy of your information. There will never be any type of retaliation against you for filing a complaint. Complaints can also be filed with the Secretary of the Department of Health and Human Services (DHHS, 330 Independent Ave SW Washington, DC 20201, toll free phone number 1-877-969-6775).

- **Right to Notification of a Breach of Your PHI**

The Provider is required to notify clients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:

- Contain a brief description of what happened, including the date of the breach and the date of the discovery;
- The steps the individual should take to protect themselves from potential harm resulting from the breach;
- A brief description of what the Provider is doing to investigate the breach, mitigate losses, and to protect against further breaches.

- **Right to Demand Nondisclosure of PHI for Services Paid in Full**

You have the right to pay for your treatment out of pocket so that your insurance is not billed. If you pay in full for your services out of pocket, you have the right to demand that your PHI not be disclosed to your third party payer since no claim is being made against the third party payer.

DUTIES OF THE PROVIDER

- We are required to abide by the terms of this notice and to provide to you or your representative this Notice of Privacy Practices. However, we reserve the right to change the privacy practices and the terms of this notice at any time, provided the changes are permitted by law or are to meet any new requirements implemented by law for the benefit of your PHI.
- Before we make any important changes in the privacy practices, we will revise this notice and make the new notice available to you at the first available opportunity following the revisions.
- Any changes in the privacy practices and the new terms of this notice will be effective from the date of the revision forward for all PHI in your designated record set.
- We are required to designate a Privacy Officer as a contact person for all issues regarding client privacy and your rights under the federal privacy standards.

ACCESS TO PROTECTED HEALTH INFORMATION:

If you wish to access your PHI, please provide a written request to the Privacy Officer:

Linda Eaton, LMHC
7780 49th Street N.
Pinellas Park, FL 33781
(727) 490-9408

EFFECTIVE DATE

This Notice is effective April 1, 2021