



Notice of Privacy Practices

(As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996- HIPAA)

This notice describes how health information about you as a patient of this practice may be used and disclosed, as well as how you can get access to your own health information. Please review this notice carefully and sign the last page. **Effective Date of this Notice: April 1, 2016**

A. Commitment to protecting your privacy: In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “protected health information,” or PHI. This Notice describes your rights as our patient, and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you.
- Give you this Notice of our legal duties and privacy practices with respect to PHI.
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

Zola Counseling, PLLC reserves the right to make changes to this Notice and to make such changes effective for all past PHI created and maintained about you, and for PHI that may be created and maintained in the future. If and when this Notice is changed, a copy will be posted in the office at a prominent location. A new copy will also be provided to you upon your request. You are encouraged to discuss any and all questions regarding this Notice with your medical provider.

B. We may use and disclose PHI about you without your authorization in the following ways:

1. We may use and disclose PHI about you to provide health care treatment. We may use and disclose PHI about you to provide, coordinate, or manage healthcare or related services. We may consult/communicate with other health care providers regarding services (including, but not limited to, prescriptions, lab work, referrals, consultations, x-rays, or other health information). We may also disclose PHI about you to another health care provider for their health care activities in your behalf. For example, we may send a report about you to a physician that we refer you to so that the other physician can treat you, or to the physician who referred you to us.

2. We may use and disclose your PHI for health care operations. We may use and disclose PHI in performing business activities which are called health care operations. Included here may be:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems, and to help manage and coordinate the care for these groups of people.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing clerks) to help them practice or improve their skills.

3. We may use and disclose PHI about you to contact you for appointment reminders.

4. Release of Information to Family and Friends If relatives or friends accompany you to your appointments, we assume an implied agreement to share information with them. If you wish these same individuals to contact us by phone re: appointments, prescriptions, billing, etc., please be sure to sign an Authorization for Release.

C. We may use and disclose PHI about you under other special circumstances without your authorization. Your healthcare provider will likely discuss these issues with you at the time of your appointment should the need arise.



1. Public Health Risks: Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births or deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury, or disability
- notifying a person regarding potential exposure or potential risk for spreading a communicable disease or condition.
- reporting reactions to drugs or problems with products or devices
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

2. Health Oversight Activity: Our practice may disclose your PHI to a licensed psychiatrist for medical supervision

3. Lawsuits and Similar Proceedings: Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose PHI in response to a discovery request, court order, or other lawful process by another party involved in the dispute.

4. Law Enforcement: We may release PHI if asked to do so by a law enforcement official:

- regarding a crime victim in certain situations, if we are unable to obtain authorization.
- concerning a death we believe has resulted from criminal conduct.
- regarding criminal conduct at our offices.
- in response to a warrant, summons, court order, or similar legal process.
- to identify/locate a suspect, material witness, fugitive, or missing person.
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator).

5. Deceased Patients: Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to do their jobs.

6. Organ and Tissue Donation: Our practice may release PHI to organizations that handle organ, eye, or tissue procurement or transplantation, as necessary to facilitate their processes if you are an organ donor.

7. Serious threats to health or safety: Our practice may use/disclose PHI to persons/organizations able to help prevent a threat to the health or safety of a person or the public.

8. Military: Our practice may use/disclose your PHI if you are a member of U.S. or foreign military services (including veterans), and if required by the appropriate authorities.

9. National Security: Our practice may disclose PHI to federal officials for intelligence and national security activities authorized by law.

D. Other Uses and Disclosures of PHI require your Authorization. All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke this authorization at any time, except to the extent we have taken action based on the authorization.

Your Rights Regarding PHI:



1. **Right to Request Restrictions:** You have the right to request a restriction in our use/disclosure of your PHI for treatment, payment, or operations purposes. Additionally, you have the right to request that we restrict or disclose to only certain individuals involved in your care or payment for your care, such as family or friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use/disclosure of your PHI, you must make your request in writing to Zola Counseling, PLLC. You must document the information you want to restrict, how you want to restrict the information, and to whom you want the restrictions to apply. Please discuss with medical provider if you need further help or clarification.
2. **Right to Receive Confidential Communication:** You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. There is a form attached at the end of this policy for your use.
3. **Right to inspect and copy your PHI:** You have the right to request to see and receive a copy of PHI contained in your records. Your request must be in writing, which will also allow your provider to review your chart. In cases where exposure to the record might be harmful to you, your request may be denied. Often, your provider will review the information in your chart with you. There is rarely information your chart that a patient should not or could not read, but much may require additional explanation.
4. **Right to request amendment of PHI:** You have the right to request that we make amendments to your records. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if 1) the information was not created by us (unless you prove that the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described above. We will respond in writing re: the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.
5. **Right to request an accounting of disclosures:** You have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of whom has been released your information. Use of your PHI as part of routine patient care is not required to be documented in this Accounting of Disclosures.
6. **Right to receive a copy of this Notice:** You have the right to receive a paper copy of our Notice of Privacy Practices at any time by requesting this.
7. **Right to File a Complaint:** If you believe that your privacy rights have been violated by us, or you want to bring a complaint to us about our privacy practices, you may contact your medical provider in writing. You may also send a written complaint to the U.S. Secretary of the Department of Health and Human Services. If you file a complaint, no prejudice will be taken against you.