



Associated Counseling Group

◆ 748 N MAIN STREET ◆ FREMONT, NE 68025 ◆
◆ 402-941-7016 ◆

Notice of Privacy practices

This office is required, by the HIPPA laws to make you aware of how we handle your health information. This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully and initial were indicated once you have reviewed each segment.

This Notice of Privacy Practices describes how we may use and disclose your protected health information. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical, mental health or any other condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change terms of our notices, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you a copy of the revised Notice of Privacy Practices

Uses and Disclosure of Protected Health Information

The following are some of the ways we may use or disclose your protected health information. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office. For many of these uses your prior consent or authorization is not required (such a uses for treatment, payment and health care operations). To the extent a use or disclosure requires your prior written authorization; you may revoke this authorization at any time, in writing, except to the extent the your physician, therapist of Associated Counseling Group practice has already taken an action reliance on the use or disclosure indicated in the authorization.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in you health care by providing assistance with your health care diagnosis or treatment to your physician. Finally, we may disclose information to the Department of Health and Human Services as requested through a representative or custodian of the patient's child of children.

Payment: Your protected health information will be used, as needed, to obtain payment for your care/mental health services. 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 of coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for higher level of care or additional services to improve the overall functioning of the patient's child or children may require that your relevant protected health information be disclosed to the health plan to obtain approval for the recommendation to the higher level of care.

Health care Operation: We may use or disclose, as needed your protected health care information in order to support the business activities of your Associated Counseling Group. These activities include, but are not limited to, quality assessment activities, employee review activities, training of intern/practicum students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information with third party "business associates" that perform various activities (e.g. billing, dictation services) for Associated Counseling Group. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we have a written contract that contains terms that will protect the privacy or your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related

benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. To the extent a communication to you is about the following, it is not considered marketing, and does not require your prior authorization: communications about participating providers and health plans in a network, the services we offer or the benefits covered by a health plan your treatment; or case management or care coordination for you (or your children), directions or recommendations for alternative treatments, therapies, health care providers, or setting of care. All other marketing communications and disclosures require your prior written authorization except when the communication occurs in a face to face encounter between Associated Counseling Group and you. Or, the communication involves a promotional gift of nominal value. The following are examples of permitted marketing without your prior authorization your name and address may be used to send you a newsletter about our practice and the services we offer; and we may send you information about products or services that we believe may be beneficial to you. You may contact Associated Counseling Group at any time to request that these materials not be sent to you. To the extent any marketing or activities will use or disclose to others information as to you diagnosis, the nature of services you received, your treatment or disclosure of the place where you received services to the extent such disclosure would identify the type of treatment or your condition), we are required to first obtain your prior authorization to use or disclose this information.

Requirement of the Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to the public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Disease: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information, In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse event, product defects or problems, biologic product deviations, track product; to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

Law Enforcement and Legal Proceedings: We may disclose your protected health information, so long as applicable legal requirements are met, for the following purposes: (1) to identify or locate a suspect, fugitive, material witness or missing person; (2) to extent it is information about a victim of a crime, if, under certain limited circumstances, were are unable to obtain the person's agreement; (3) to the extent the information is about a death we believe may be of criminal conduct; (4) in the event the crime occurs on the premises of the practice, (5) in a medical emergency to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime; and (6) we may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process.

Coroner, Funeral Directors, and Organ Donation: We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose your protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose your protected health information in reasonable anticipation of death. Protected health information may be used and disclosed for cadavers, organ, eye, or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review that has reviewed the research proposal and established protocols to ensure the privacy or your protected health information.

To Avert a Serious Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

National Security and Intelligence Actions: We may release medical information about you to authorized federal officials for intelligence, counter -intelligence and other national security activities authorized by law.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care for you.

Others involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, NHHS case manager, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or life. If you are unable to agree or object to such a disclosure, we may use or disclose such information as necessary if we determine that it is in your interest based on our professional judgment. We may use or disclose such information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, a physician Associated Counseling Group supervising practitioner, or your mental health therapist shall try to obtain your consent as soon as reasonably practicable after the delivery or treatment. If an Associated Counseling Group representative is required by law to treat you, and the individual has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use or disclose your protected information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the physician determines using professional judgment, that you intended to consent to use or disclosure under the circumstances.

Civil Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise your rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated file for as long as we maintain the protected health information. A client file contains medical and billing records and any other records that your provider uses for making decisions about you. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be enforced. If you are denied access to your protected health information, you may request that the denial be removed.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be made in writing to the Privacy Contact and must state the specific restriction requested and to whom you want the restriction to apply. Associated counseling Group representatives are not required to agree to a restriction that you may request if the case coordination is overridden by a legal case with NHHS or involving children and possible custodial rights with an NHHS case manager.

You have the right to request to receive confidential communication from Associated Counseling Group by alternative means or at an alternative location. Your request must be in writing and must specify how or when you wish to be contacted. We will accommodate reasonable requests.

You may request an amendment of your protected health information. If you review your protected health information and believe it is in error or incomplete, you may make a written request to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. The request must be made in writing to Associated Counseling Group, and must contain a reason to support your request. We may deny your request for information if the information sought to be amended is not part of the medical information kept by us or for us, was not created by us unless the person or entity that created the information is no longer available to make the amendment, is not part of the information which you are permitted to inspect and copy, or is, in our reasonable belief, accurate and complete. If we deny your request for amendment, we must provide for you with written explanation for the denial and an explanation of your rights to submit a written statement disagreeing with the denial.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. You may make a written request to Associated Counseling Group for an accounting of disclosure of your protected health information made by us for a period up to the last six- (6) years. The first accounting request made by you within a twelve (12)-month period is free; you will be charged for additional requests within the twelve (12)-month period. The right to receive this information is subject to certain exceptions, restrictions, and limitations, including the following. We do not have to account for disclosures made to carry out treatment, payment or health care operations; made to you or your representatives; to correctional institutions or law enforcement officials, or for national security or intelligence purposes.

You have the right to obtain a paper copy of this notice from us. Upon request, even if you have agreed to accept this notice electronically.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with Associated Counseling Group or the Secretary of Health and Human Services. We may not retaliate against you for filing a complaint

This notice becomes effective upon the receipt and acknowledgment of the document.



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This becomes effective upon the receipt and acknowledgment of the document. By signing this document you acknowledge that you have been given the information on how Associated Counseling Group is able to handle your or your families protected health information.

Signatures

Parent/Guardian/Case Manager Signature (if applicable) _____ Date: _____

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____