

**Notice of Privacy Practices**

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This notice explains how your medical information may be used and disclosed and how you can get access to this information. Please review carefully.

**Our Duty to Safeguard your Protected Health Information.** Individually identifiable information about your past, present, or future health or condition, the provision of health to you or payment of the health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explain how when and why we may use or disclose your PHI. Except in specified circumstances, we may use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice.

**How We May Use and Disclose Your Protected Health Information.** We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of our potential uses/disclosures of PHI.

**Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

Generally, we may use or disclose your PHI as follows: For treatment: We may wish to disclose your PHI to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or diagnosis of your health condition. We will do so only if you have signed a Release of Authorization for us to provide such information. To obtain payment: We may disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid/Medicare program and/or to an insurance insurer, and HMO, or PPO to get paid for services that we delivered to you. For health care operations: We may disclose your PHI in the course of operating our program. For example, we may use your PHI in evaluating the quality of services provided or disclose to our accountant or attorney for audit purposes. Appointment reminders: Unless you provide us with alternative instructions, we may call you with appointment reminders and occasionally send materials that may be of interest to you to your home.

**Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operations purposes we are required to have written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except where we have already undertaken an action.

**Uses and Disclosures NOT Requiring Consent or Authorization:** The law provides that we may disclose your PHI from mental health records without consent or authorization in the following circumstances: When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or violence, or relating to planned criminal activity, or in response to a court requirements. For health oversight activities: We may disclose PHI to the agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents and monitoring of the Medicaid program. Relating to decedents: We may disclose PHI relating to a death to state medical examiners. To advert treat to health and safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

If you have any questions about this notice or any complaints about our privacy practices, please contact: **The persons named herein directors of Calming Journeys Counseling, S.C. at 220 Wisconsin Dells Parkway South, Suite #1, Wisconsin Dells, WI 53965 Phone (608) 448-6418 Fax: (844) 05-0151**

Notice of Privacy Practices continued

Your Rights Regarding Your Protected Health Information: To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do not agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how you are contacted: You may ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy to do so.

To inspect and request a copy of your PHI: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our record; or (3) not permitted to be disclosed. Any denial will state the reason for denial and explain your rights to have the request and denial along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; or pursuant to your written authorization. We will respond to your written request within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such request each year. There may be a charge for more frequent requests.

To receive this notice: You have the right to receive a paper copy of this Notice and/or electronic copy by email upon request.

To complain about our privacy practices: If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person(s) listed above. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you if you make such complaint.

Print Client Name Signature Date

Print Guardian Name Signature Date

Print Therapist Name Signature Date