

NOTICE OF PRIVACY PRACTICES

Effective Date: April 01, 2024

As you might be aware, a number of new Federal and State laws have come into effect that drastically impacts the manner in which your personal health information is protected, recorded, and disclosed. We understand that medical and psychological information we receive about you and your health during counseling is personal, and we are committed to protecting it. This Notice describes how medical and psychological information about you may be used, received and disclosed during the course of the care and service you receive from Open Door Counseling

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the United States Department of Health and Human Services established a set of privacy regulations for the protection of the public's health information. As a result, your protected health information ("PHI") may only be disclosed in certain limited circumstances. HIPAA defines your PHI to include your past, present or physical or mental health condition and treatment and also includes demographic information that is collected from you (for example: your name, address and gender). In addition, there are several Pennsylvania laws that ensure the confidentiality of your records and the disclosure of your mental health and psychological information.

Based on Federal and State law, Open Door Counseling is required to:

- Make sure that medical and psychological information that identifies you is kept private.
- Provide you this Notice of our legal duties and privacy practices regarding your medical and psychological information. You will have the opportunity to review and obtain a copy of this Notice when you first visit with one of our counselors.
- Follow the terms of this Notice that is currently in effect. We may change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by contacting Open Door Counseling Health Information Privacy Officer and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. This Notice and any revised Notice are available by request via email at: g_racejoanmartin@gmail.com

How We May Use And Disclose Medical Information About You: The following categories describe ways that we use and disclose medical and psychological information.

For Treatment: We may use medical information about you to provide, coordinate, or manage your counseling, treatment or related services. We may disclose medical information about you to other counselors, physicians or health care providers who are or will be involved in taking care of you.

For Payment: We may use and disclose medical information about you in order to bill you, an insurance company, or third party for the treatment and services you receive from us. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, and for undertaking utilization review activities.

For Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These operations allow us to improve the quality of care that we provide to our

patients. We may call you by name in the waiting room when your counselor is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Uses and Disclosures of Your PHI That May Be Made Without Your Consent or Authorization: We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your PHI to the extent that Federal, State or Local law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, when required by law, of any such use or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a 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 PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

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

Serious Threat to Health or Safety: We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public.

Specialized Government Functions: We may disclose your PHI when it relates to specialized government functions such as military and veteran's activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) suspicion that

death or serious injury has occurred as a result of criminal conduct, and (4) on the occurrence of a medical emergency when it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI 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 also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Worker's Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

Disaster Relief: We may use or disclose your PHI to an authorized public or private entity, such as the American Red Cross, to assist in disaster relief efforts and to coordinate notification of your location with family or other individuals involved in your health care.

Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA Privacy Regulations and other Federal or State laws.

Your Rights Regarding Your Protected Health Information:

You have the right to inspect and copy your PHI: This means you may inspect and obtain a copy of PHI about you that is contained in your record set for as long as we maintain your PHI. We will respond to your written request to inspect and/or copy within 30 days. We may charge you a fee for the cost of copying the documents involved. 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 PHI that is subject to law that prohibits access to PHI.

You have the 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. You may also request that any part of your PHI 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 in writing and must state the specific restriction requested and to whom you want the restriction to apply. Your counselor or other health care professional is not required to agree to a restriction that you may request. Any agreement we may make to a request for restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is in writing. If we do 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.

You have the 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. Your request must be in writing, but we will not request an explanation from you as to the basis for the request. Please make this request to our Health Information Privacy Officer.

You may have the right to amend your PHI. This means you may request an amendment of PHI about you in your records for as long as we maintain this information. Your request must be in writing and explain why the information should be amended. We will respond to your written request to amend within 60 days of receiving the request.

You have the right to receive an accounting of certain disclosures we have made, if any, or your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to others based upon your express authorization, to family members or friends involved in your care, for a facility directory, for notification purposes, or as part of a limited data set that does not directly identify you.

Upon request, you will receive a paper copy of this Notice.

Questions and Complaints:

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below. If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI, or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to our Health Information Privacy Officer using the contact information listed at the end of this notice. You also may submit a written complaint to the United States Department of Health and Human Services. We will provide you with the address to file your complaint with the United States Department of Health and Human Services upon request.

Privacy Officer Contact Information:

Grace J Martin, MA LPC

Email- Gracejoanmartin@gmail.com or counseling@codyork.org

Phone Number- 717-989-2050

Client Signature:

Date: