

COUNSELING SPECIALISTS, LLP

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

No information or records will be released from this office without written consent of the patient, parent or guardian. Clients 14 years of age and older are required by law to sign a consent to release records.

OUR LEGAL DUTY

Counseling Specialists is committed to protecting the privacy of our patient's confidential mental health information. We are required by law to:

- Maintain the privacy of your mental health information
- Provide you with this notice of our legal duties and privacy practices with respect to your mental health records

If you have any questions about any part of this notice or if you want more information about the privacy practices of Counseling Specialists, LLP, please contact us using the information listed at the end of this notice.

EFFECTIVE DATE OF THIS NOTICE

This notice takes effect April 14, 2003, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time. The terms of this notice apply to all designated Counseling Specialists records containing your protected mental health information that are created and maintained by our organization. Any changes to the Notice will be effective for all of your records created or maintained in the past as well as any records we create or maintain in the future. We will post a copy of the most current Notice in a prominent location within our facility. Counseling Specialists will abide by the terms of the Notice currently in effect. At any time, you may request a copy of our most current Notice. You will be asked to acknowledge receipt of the Notice of Privacy Practices in writing.

WHO WILL FOLLOW OUR PRIVACY PRACTICE

All counselors and staff members of Counseling Specialists, LLP will follow our privacy practices.

PURPOSES FOR WHICH WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION

We are committed to ensuring that your mental health information is used responsibly by our organization. We may use and disclose your mental health information without your written authorization, for the following purposes:

1. **Treatment:** We may use and disclose your protected mental 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, supervising medical staff.
2. **Payment:** Your mental health information may be used or disclosed without your consent for payment purposes. It may be necessary for us to disclose your mental health information so that we may bill and collect from you, your insurance company or other party responsible for payment for the treatment and services provided.
3. **Health Care Operations:** Your mental health information may be used for our organizational operations that are necessary to ensure that we provide the highest quality of care. For example, your mental health information may be used for performance improvement purposes.
4. **Information Provided to You:** We may use your mental health information to assist us in communicating with your appointment reminders, test results, and treatment information. We may also use and disclose your mental health information to inform you of mental health related benefits or services that we or an affiliated entity provides that may be of interest to you. Our communications to you may be by phone or by mail.
5. **Notification and Communication With Family and Friends:** We may share mental health information about you with family members or friends who are involved in your mental health care. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others.
6. **Required by Law:** We may use or disclose your mental health information only as allowed by law. Examples of situations where we may be required or permitted to release your mental health information include:
 - For public health activities, including disease and vital statistic reporting, and Food and Drug Administration (FDA) oversight;
 - To report child and/or adult abuse, neglect, or domestic violence;
 - For health care oversight activities;
 - For judicial and administrative proceedings;
 - To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, identifying or locating suspect, fugitive, material witness, or missing person;
 - To avert a serious threat to health or safety of the general public;

- For specialized government functions such as military and veteran activities, national security, and intelligence activities, and the protective services for the President and others;
 - To correctional institutions and law enforcement regarding inmates; and for worker's compensation purposes.
7. **Disaster Relief:** We may use or disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Once you have given us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based upon your authorization. To revoke an authorization, contact the phone number listed below on this notice.

YOUR RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION

As a client of Counseling Specialists, LLP you have certain rights with regard to the mental health information that is maintained by our organization. These rights are as follows:

1. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
2. **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing therapists. On your request, we will send your bills to another address.)
3. **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. Your therapist may also deny access to your Psychotherapy Notes.
4. **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
5. **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
6. **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or if you would like to exercise one or more of your rights regarding your mental health information, please contact us using the information listed at the end of this Notice.

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your rights to your mental health information, you may complain to us using the information listed at the end of this Notice. The complaint must be made in writing. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Service Office of Civil Rights. We support your right to the privacy of your mental health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

You may contact us using the information listed below:

Counseling Specialists, LLP
412C East Longview Drive
Appleton, WI 54911
Telephone: (920)882-9877

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: _____ Signature _____ Date _____