

READ AND KEEP FOR YOUR RECORDS

PATRICIA JEAN EASTON LCSW NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), health care providers are required to take steps to protect the privacy and maintain the confidentiality of your protected health information. Protected health information includes information created or received regarding your health. It includes both your medical records and personal information such as your name, social security number, address, and phone number.

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. We are required to abide by the terms of this Notice of Privacy Practices. If you have any questions about this Notice please contact Patricia Jean Easton LCSW, CHT 208-755-2110. **Please review this Notice of Privacy Practices carefully.**

Uses and Disclosures of Protected Health Information Based upon Your Written Consent

You will be asked by your counselor to sign a consent form. By signing the consent form, you are consenting to the use and disclosure of your protected health information for treatment, payment and health care operations. Your protected health information will be used as described below. The following examples are not meant to be exhaustive, but to describe the types of uses and disclosures that will be made by this office once you have provided consent.

- 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 (e.g. CBRS or Service Coordinators).
- Your protected health information will be used, as needed, to obtain payment for your health care services. For example, this may include providing your health insurance provider with information to determine eligibility, coverage of services or reviewing the medical necessity of services provided for you.
- We will share your protected health information with third party “business associates” that perform various activities (e.g. billing, transcription services) for this office. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect your privacy.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object.

We may use and disclose your protected health information in the following instances. Again, this is not an exhaustive list but is meant to convey to you the range of situations in which your protected health information may be used or disclosed.

- We may use or disclose your protected health information to the extent that the use or disclosure is required by law. Any use will be made in compliance with and limited to the relevant requirements of the law.
- We may disclose 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.
- 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 governmental agency or agency authorized to receive such information.

- We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request, or other lawful process.
- 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.
- Your protected health information may be disclosed by this office as authorized to comply with workers' compensation laws and other similar legally established programs.

Following is a Statement of Your Rights With Respect to Your Protected Health Information

- You have the right to request restrictions on the use and/or disclosure of your health care information by asking that we limit its use for treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care. **Please note that we are not required to agree to your request.** If we do agree, however, we will honor your limits unless it is an emergency situation.
- You have the right to request a copy of your health care information. You may be asked to make this request in writing and may be charged a reasonable fee for the cost of producing and mailing the copies. In certain situations, we may deny your request and will tell you why your request is being denied. In some cases, you may have the right to ask for a review of the denial.
- You have the right to seek an accounting of certain disclosures by asking us for a list of the times we have disclosed your health care information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. Your request must be in writing and give us the specific information we need in order to respond to your request.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location other than at the address or phone number of your primary residence (e.g. appointment reminders either in written form or by phone/voice mail). This request must be made in writing, in which case we will do our best to comply with your request.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information or if you believe your privacy rights have been violated, you contact or file a written complaint to Patricia Jean Easton, 2201 N. Government Way Ste C, Coeur d Alene ID 83814. You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services.