

NOTICE OF PRIVACY PRACTICES

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**PLEASE REVIEW IT CAREFULLY
THE PRIVACY OF YOUR HEALTH INFORMATION IS
IMPORTANT TO US**

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations.

For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you, or to family and friends you approve.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on

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disclosure of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law or national security activities.

Abuse or Neglect: We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (Such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information with limited exceptions. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you.

Amendment: You have the right to request that we amend your health information.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed

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at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us with the U.S. Department of Health and Human Services. A Privacy/Contact Officer has been designated for this office. The Privacy Officer can be contacted by simply contacting the office and asking to speak to the Office Manager who serves as the Privacy Officer.

Revised March 5, 2018 • To carry out treatment, payment of health care operations • To you • To persons involved in your care • For national security or intelligence purposes • To correctional institutions or law enforcement official Your written request must include a time period that is within six years from the date of your request. In any given 12-month period, we will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting. D. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, Remedy Counseling, LLC will consider your request but is not required to agree to the requested restrictions. E. Right to Confidential Communications. You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. F. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices upon request. BREACH OF UNSECURED PHI If a breach of unsecured PHI affecting you occurs, Remedy Counseling, LLC is required to notify you of the breach. SHARING AND JOINT USE OF YOUR PHI In the course of providing care to you and in furtherance of Remedy Counseling, LLC's mission to improve the health of the community, we will share your PHI with other organizations as

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described below who have agreed to abide by the terms described below: **a. Membership in Remedy Counseling, LLC.** Remedy Counseling, LLC programs and members of Remedy Counseling, LLC participate together in an organized health care arrangement to deliver health care to you, for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of healthcare to you, utilization review and quality assessment activities of Remedy Counseling, LLC, and its members. Members of Remedy Counseling, LLC will abide by the terms of their own Notice of Privacy Practices in using your PHI for treatment, payment, or healthcare operations. Members of Remedy Counseling, LLC also use your PHI for your treatment, payment to the Remedy Counseling, LLC program and/or for the health care operations permitted by HIPAA with respect to our mutual patients. Revised March 5, 2018, Please go to Remedy Counseling, LLC's website for a listing of member organizations at <http://www.remedy-counseling.com> . Or, alternatively, you can call the Privacy Official to request the same. **b. Business Associates.** We will share your PHI with business associates and their Subcontractors contracted to perform business functions on Remedy Counseling, LLC program's behalf, including Remedy Counseling, LLC which performs certain business functions for Remedy Counseling, LLC. **CHANGES TO THIS NOTICE** We will abide by the terms of the Notice currently in effect. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for the PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Lobby and on our web site. You can also ask for a current copy of the Notice at any time.

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CLIENT RIGHTS

Client receiving services from Remedy Counseling, LLC, are given all the rights and protection afforded them under the law. In order to ensure that each client's rights are maintained at all times during their contact with Remedy Counseling, LLC, and the following list of client rights is closely followed:

- 1. Clients will receive fair and humane treatment at all times and under all circumstances.**
- 2. Each staff person at Remedy Counseling, LLC, must respect the individuality and dignity of each client, their families and others involved in their care.**
- 3. Clients shall be free from mental, physical, and sexual abuse as defined by state law. Any person who believes that an individual at Remedy Counseling, LLC has been abused shall promptly report the alleged abuse to an appropriate law enforcement agency and/or the Owner of Remedy Counseling, LLC. Whenever the Owner receives notice of any alleged abuse she shall report it to an appropriate law enforcement agency as soon as possible.**
- 4. No client will be denied access to treatment of service on the basis of race, color, creed, national origin, physical disability, marital status, sexual orientation, or the source of payment for services.**
- 5. The right to privacy and confidentiality shall be upheld at all times. Disclosures of clients' records will not be released to any party unless written consent from the client is obtained.**
- 6. The client has the right to be involved in the establishment of his/her treatment or rehabilitation plan and sign it after it has been agreed upon by the appropriate staff and participants. Treatment shall be provided in accordance with that plan.**
- 7. The client shall be provided physical access to Remedy Counseling, LLC and be provided appropriate communication services which permit them to benefit from the services to the extent possible.**

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- 8. The client has a right to information concerning available facilities to which he/she may be provided services. Remedy Counseling, LLC will endeavor to keep the client informed of alternative types of care available.**
- 9. The client is responsible to conform to Remedy Counseling, LLC's established procedures and to act in a manner consistent with the well-being of other clients and staff.**
- 10. Clients have the right to access their files by making a request in writing to either to their therapist or staff person.**
- 11. A client who is involved with Remedy Counseling, LLC shall have the right to refuse to participate in physically or psychologically intrusive research.**
- 12. A client shall be free from physical restraint, unless that person poses a threat to themselves, others, or the environment. Staff shall take every precaution to confine the client in a manner that will not do the client physical harm and until such time as the police can be called to escort the client to appropriate inpatient psychiatric services. Staff shall take necessary precautions to ensure their own safety.**
- 13. Clients have the right to be informed of all fees related to the provision of services.**

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GRIEVANCE PROCEDURE

All clients receiving services at Remedy Counseling, LLC are offered a means by which they can express complaints or grievances in connection with treatment received.

Clients may express a grievance by:

- 1. Discussing the problem with the primary staff member or therapist informally. If it is not resolved at this level, a written complaint by the client or legal guardian is sent to the Owner of Remedy Counseling, LLC within thirty days of the incident in question. The client may also request a meeting with the Owner of Remedy Counseling, LLC (Brandy Tina Kolenbrander, LCSW-C).**
- 2. Should the grievance remain unresolved, a consumer may request that the local Human Rights Advisory Committee review the grievance and make a recommendation.**
- 3. It is the client's rights to contact the local Core Service Agency (CSA) at any time during the grievance process, and Remedy Counseling, LLC staff will assist the client in doing so, as required. Further, the client has the right to seek resolution by accessing a person at any level. That person will then determine what action would be beneficial in helping the client resolve the grievance. Remedy Counseling, LLC will assist all clients in accessing the grievance procedure by providing the names and phone numbers of CSA staff.**
- 4. If a client decides to withdraw his/her formal grievance, a written statement by that client must be submitted to the staff person who initially responded to the client's grievance.**