

Health Insurance Portability And Accountability Act (HIPAA) Notice Form

Eagle's Wings Counseling Center Policies & Practices to Protect the Privacy of Your Health Information

This document contains information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to your personal psychological and medical information. Please read this document carefully before your next session. You can discuss any questions you have about it at that time.

Uses and Disclosures of Your Protected Information for Treatment and for General Operation of Eagle's Wings Counseling Center

Information in your file is confidential and protected. We can only use or disclose this information with your written authorization (permission). The confidential, protected health information in your file is used within our center primarily to help provide your treatment. With your written authorization, we may disclose confidential, protected information in your file to other people outside of Eagle's Wings Counseling Center who are involved in your treatment. For instance, such disclosure might occur when you give permission for us to consult with another health care provider, such as your physician or another mental health professional. In addition, with your permission, your information will be shared with our supervisor during weekly supervision sessions in an effort to enhance your treatment. All authorizations to disclose confidential, protected health information from your file must be on a specific, legally required form.

Other Uses and Disclosures Requiring Authorization

Use or disclosure of protected information in your file for purposes other than those just described can only occur if we first obtain your written authorization. For instance, if you wish to have your information disclosed from your file to a family member, we will obtain a written authorization from you before releasing information.

Revoking Authorization

- You may revoke a written authorization to use or disclose protected information in your file at any time, provided your revocation is in writing.
- You may not revoke an authorization if
 1. we have already relied on that authorization to use or disclose your protected counseling information;
 2. you provided the authorization as a condition of obtaining insurance coverage (in that case, the law gives the insurer the right to contest a claim under the policy).

Uses and Disclosures without Authorization

We may use or disclose confidential, protected information from your file without your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety**---If we believe that you present a clear, imminent risk of serious physical harm to another person, we may disclose information necessary to seek hospitalization for you or otherwise protect the threatened person. If we believe there is a clear and imminent risk that you will do serious physical harm to yourself, we may disclose information necessary to seek hospitalization for you or to alert family members or others who may have the ability to protect you.
- **Child or Dependant Adult Abuse**---If we have reason to believe that a child whom is being treated has been abused or if it is suspected that a dependant adult has been abused, the law requires that we file a report with the Department of Human Services.
- **Judicial and Administrative Proceedings**---If you are involved in a court proceeding and a court order is issued for information about the professional services you received at Eagle's Wings Counseling Center and/or for your file, we must provide the requested information to the court.
- **Health Oversight Activities**---If a government health agency or authority, such as one of the boards that licenses mental health professionals in Florida, requests information about your treatment, we may be required to provide that information.

- **Government Oversight Activities**---If a government official or agency such as a coroner or medical examiner, military agency, national security or intelligence agency, or law enforcement official requests information about your treatment, we may be required to provide that information under certain circumstances.
- **Worker's Compensation Claims**---If you file a worker's compensation claim, we must provide any requested information concerning your physical or mental condition relative to the claim.
- **Complaints or Lawsuits**---If you file a complaint or lawsuit, we may disclose relevant information regarding your treatment to defend ourselves.

Client's Rights and the Duties of the Counseling Service and its Counselors

Client's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your protected information. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications from Eagle's Wings Counseling Center by alternative means and at alternative locations. For example, you may not want us to call you on your home phone, but rather your personal cell phone.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of information in your file for as long as your file is maintained. We may deny your access to your file 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.
- **Right to Amend:** You have a right to request to amend information in your file for as long as your file is maintained. Eagle's Wings Counseling Center may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of information in your file. On your request, your Counselor will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have a right to obtain a paper copy of this Notice upon request. You will be given a copy at your first appointment.

Duties of Eagle's Wings Counseling Center:

- We are required by law to maintain the privacy of protected information in your file and to provide you with a Notice of the legal duties and the privacy practices of Eagle's Wings Counseling Center with respect to your protected information.
- We reserve the right to change the privacy policies and practices described in this Notice. Unless we notify you of such changes, we are required to abide by the terms currently in effect.
- If we revise the policies and procedures while you are still involved in counseling here, we will give you a revised Notice in person or will mail it to you. The notice will also be posted in our office. You may check the current version of the notice at Eagle's Wings Counseling Center any time either during counseling or after you have terminated counseling.

Complaints

If you disagree with a decision we have made about access to your file or have other questions about your privacy rights, you may contact Eagle's Wings Counseling Center at (941) 375-4321. If you believe your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Eagle's Wings Counseling Center at 417 Commercial Ct., Ste. C, Venice, FL 34292. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Eagle's Wings Counseling Center will provide you with the appropriate address upon request. You have specific rights under the HIPAA Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.