

Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed and safeguarded. Please review it carefully.

I. Who is Subject to This Notice

We are required by law to maintain the privacy of protected health information, and must inform you of our privacy practices and legal duties. You have the right to obtain a paper copy of this Notice upon request.

II. Our Responsibility

The confidentiality of your personal health information is very important to us. Your record includes information that we obtain when we provide care to you, such as a record of your symptoms, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care.

This Notice describes how we handle your information and your rights regarding this information. Generally speaking, we are required to:

- Maintain the privacy of your information as required by law;
- Provide you with this Notice of our duties and privacy practices regarding the information about you that we collect and maintain;
- Follow the terms of our Notice currently in effect.

III. Contact Information

After reviewing this Notice if you need further information or want to contact us for any reason regarding the handling of your health information, please direct any communications to your counselor.

IV. Uses and Disclosures of Information

- All Records kept on a client are stored or disposed of in a manner that assures security and confidentiality.
- We treat all communications from clients with professional confidence.
- Except in those situations where the identity of the client is necessary to the understanding of the case, we use only the first names of our clients when engaged in supervision or consultation. It is our responsibility to convey the importance of confidentiality to the supervisor/consultant; this is particularly important when the supervision is shared by other professionals, as in a supervisory group.
- We do not disclose client confidences to anyone, except as mandated by law; to prevent a clear and immediate danger to someone; in the course of a civil, criminal or disciplinary action arising from the counseling where the pastoral counselor is a defendant; for purposes of supervision or consultation; or by previously obtained written permission. In cases involving more than one person as client written permission must be obtained from all legally accountable persons who have been present during the counseling before any disclosure can be made.
- We obtain informed written consent of clients before audio and/or video
- tape recording or permitting third party observation of their sessions.

- We do not use these standards of confidentiality to avoid intervention when it is necessary, e.g., when there is evidence of abuse of minors, the elderly, the disabled, the physically or mentally incompetent.
- When current or former clients are referred to in a publication, while teaching or in a public presentation, their identity is thoroughly disguised.

V. Your Rights

Under the law, you have certain rights regarding the information that we collect and maintain about you. This includes the right to:

- Request that we restrict certain uses and disclosures of your information.
- Request that we communicate with you by alternative means, such as mailing information to a PO Box or calling you only at home.
- Request to review, or to receive a copy of, the records about you that is maintained in our files. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
- Request that we amend the information about you that is maintained in our files. Your request must explain why you believe our records about you are incorrect, or otherwise require amendment. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a list of our disclosures of your information. This list, known as an "accounting" of disclosures will not include certain disclosures, such as those made for treatment, payment, or health care operations. We will provide you the accounting free of charge, however, if you request more than one accounting in any 12 month period, we may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, "from May 1, 2003 to June 1, 2003"). We will be unable to provide you an accounting for any disclosures made before April 14, 2003, or for a period of no longer than six years.
- In order to exercise any of your rights described above, you must submit your request in writing to our contact person (see section III above). If you have questions about your rights, please speak with our contact person, available in person or by phone, during normal office hours.

VI. To Request Information or File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to our contact person (see section III above). You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, U.S. Department of Health and Human Services, Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201; by calling 1-800-368-1019; or by sending an email to OCRprivacy@hhs.gov. We cannot, and will not, make you waive your right to file a complaint as a condition of receiving care from us, or penalize you for filing a complaint.

VII. Effective Date: April 14, 2003

Patient's Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name: _____ Birth Date: _____

Maiden or other name (if applicable) _____

I acknowledge that I have received a copy of the Notice of Privacy Practices of _____

_____ effective April 14, 2003.
(Therapist's name)

Signature (patient or authorized representative): _____

Date: _____

Relationship/authority (if signed by authorized representative): _____