



Consciously  
Integrated  
Counseling

**Consciously Integrated Counseling**  
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### **NOTICE OF PRIVACY PRACTICES – Effective 1/1/2024**

As required by the privacy regulations created by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 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.

#### **My commitment to your privacy:**

I am dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of our legal duties and the privacy practices that I maintain in our practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that I may create or maintain in the future. I will post a copy of my current Notice in my offices in a visible location at all times, will be available on our website (downloadable version), and you may request a copy of our most current Notice at any time. If you have questions about this Notice, please contact your counselor.

#### **I may use and disclose your PHI in the following ways:**

- **Treatment:** Our practice may use your PHI to treat you. For example, the people who work for our practice may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, I may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. I may also disclose your PHI to other health care providers for purposes related to your treatment. Finally, our practice may use and disclose your PHI to inform you of potential treatment options or alternatives, or of health-related benefits or services that may be of interest to you.
- **Payment:** My practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, I may use and disclose your PHI to obtain payment from authorized third parties that may be responsible for such costs, such as insurance companies or family members. Also, I may use your PHI to bill you directly for services and items.
- **Disclosures About Victims of Abuse, Neglect or Domestic Violence:** I may disclose PHI to notify the appropriate government authority as required or expressly authorized by law in instances of child, elder, or animal abuse or neglect, or when the patient agrees if I believe a patient has been the victim of abuse, neglect or domestic violence.
- **As Required By Law:** I will disclose PHI when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health and Safety:** Consistent with Ohio law, I may use and disclose certain PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. In addition, I may use and disclose PHI if I believe that the use or disclosure is necessary for law enforcement to identify or apprehend an individual who has escaped from a correctional institution or from custody.

#### **Your rights regarding your PHI:**

- **Confidential communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that I contact you at home, rather than work. To request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. I will accommodate reasonable requests without your providing a reason.
- **Requesting restrictions:** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that I restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care,



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such as family members and friends. I am not required to agree to your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
  - Whether you are requesting to limit our practice's use, disclosure or both,
  - To whom you want the limits to apply.
- **Inspection and copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to counselor in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
  - **Amendment:** You may ask me to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for my practice. To request an amendment, your request must be made in writing and submitted to your counselor. You must provide us with a reason that supports your request for amendment. I will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
  - **Accounting of disclosures:** All of our clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, I do not need to record PHI disclosure that was used for the purposes of case consultation. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but I may charge you for additional lists within the same 12-month period. I will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
  - **Right to a paper copy of this notice:** You are entitled to receive a paper copy of our notice of privacy practices. To obtain a paper copy of this notice, please request one directly from me.
  - **Right to file a complaint:** If you believe your privacy rights have been violated, I request that clients submit a complaint in writing to me. You will not be penalized for filing a complaint. If you would like to file a complaint directly to the State Board, you may do so at the following website: <https://cswmft.ohio.gov/for-the-public/file-a-complaint-eLicense-portal>
  - **Right to provide an authorization for other uses and disclosures:** I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, I will no longer use or disclose your PHI for the reasons described in the authorization. Please note: I am required to retain records of your care. Again, if you have any questions regarding this notice or our health information privacy policies, please contact your counselor.