

**NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL
INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION. PLEASE
REVIEW CAREFULLY.**

**WE HAVE A LEGAL DUTY TO SAFEGUARD
YOUR PROTECTED HEALTH INFORMATION
(PHI).**

Counseling Resource Center is committed to providing services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information about you that we may receive. We have prepared this notice to advise you what information we collect, how we use it and how we protect it.

We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes information that can be used to identify you that we've created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new one in the reception area. You can also request a copy of this notice or review it on our website at www.counselingrc.com.

What Information We Collect

As an essential part of our business, we obtain certain personal information about you in order to provide a service to you. Some of the information we receive comes directly from you or on applications or other forms, and may include information you provide during visits to our website or while speaking with our staff. We may also receive information from physicians, schools and other

health providers or agencies. The types of information we receive may include addresses, social security number, family information, current and past clinical history and financial information.

Our Privacy Protection Procedures

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide services to you. Examples of activities requiring access to personal information include: underwriting, claims processing, reinsurance and policyholder service.

Our Pledge Regarding PHI

We understand that PHI about you and your health is personal. We are committed to protecting PHI about you. We create a record when services are delivered by our professional staff. We need this record to provide you with quality care and to comply with certain legal requirements licensing and accreditation. This notice applies to all of the records of your care generated by the staff.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- 1) Make sure that clinical information that identifies you is kept private
- 2) Give you this notice of our legal duties and privacy practices with respect to clinical information about you
- 3) Follow the terms of the notice that is currently in effect

**HOW WE MAY USE AND DISCLOSE CLINICAL
INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We may use and disclose your PHI without your authorization for the following reason.

For Treatment We may use clinical information about you to provide you with clinical treatment or services. We may disclose clinical information about you to doctors, nurses, technicians, or other agency personnel who are involved in providing services to you. Different Counselors may share information about you in order to coordinate services.

For Payment We may use and disclose clinical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party resource. For example, we may need to provide information about past or planned treatment to your health plan to obtain authorization or payment for expected and served services.

As Required By Law We will disclose information about the client when required to do so by federal, state or local law. For example, we make disclosures when a law requires that we report information about victims of abuse or neglect.

To Avert a Serious Threat to Health or Safety We may use and disclose client information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent, or lessen the threat.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose client information about you in response to a court order. We may also disclose client information about you in response to a subpoena or other lawful process by someone else involved in the dispute, but only if efforts have been made to protect PHI information.

**YOUR RIGHTS REGARDING CLINICAL
INFORMATION ABOUT YOU**

You have the following rights regarding clinical information we maintain about you:

Right to Inspect and Copy In most cases, you have the right to a copy of your PHI that we have, but you must make the request in writing. To have a copy of your PHI, you must submit your request to your counselor. Fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Amend If you feel that PHI we have about you is incorrect or incomplete, you may ask us to correct or add to the missing information. You have the

right to request an amendment for as long as the information is kept by or for Counseling Resource Center. To request an amendment, your request must be made in writing and submitted to the Custodian of Records. In addition, you must provide a reason that supports your request. We will respond within 60 days of receiving your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
2. Is not part of the client information kept by or for Counseling Resource Center
3. Is not part of the information which you would be permitted to inspect or copy
4. Is accurate and complete

Our written request will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your amendment request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others who need to know about the change to your PHI.

Right to an Accounting You have the right to a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already authorized, such as those made directly to you or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last 6 years unless you request a shorter time. The list will include the date of the disclosure to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

To request this list or accounting of disclosures, you must submit your request in writing to the Custodian of Records. Your request must state a time period which

may not be longer than 6 years and may not include dates before April 14, 2003.

Right to Request Restrictions You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or the center's operations. You also have the right to request a limit on the client information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Custodian of Records. In your request, you must tell us what information you want to limit; whether you want to limit disclosure; and to whom you want the limits to apply.

Right to Request Confidential Communications You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work rather than at home. To request confidential communications, you must make your request, in writing, to the custodian of Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We must agree to your request so long as we can easily provide it in the format you requested.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time or may obtain a copy of this notice at our website, www.counselingrc.com.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised notice effective for client information 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 center. The notice will contain the effective date. In addition, when you are a new client a copy of this notice will be included in the intake paperwork.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the center or with the Secretary of the Department of Health and Human Services. To file a complaint with the center, contact

Privacy Officer at 281-255-9922. You may also send a written complaint to the Secretary of the Department of Health and Human Services at the following address. All complaints must be submitted in writing.

Director, Office for Civil Rights
US Department of Health and Human Services
200 Independence Ave, SW Room 506-F
Washington D.C., 20201
ocrmail@hhs.gov

You will not be penalized for filing a complaint.

OTHER USES OF CLINICAL INFORMATION

Other uses and disclosures of clinical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose client information about you, or your minor child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose client information about you or your minor child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Please note: While the information belongs to you as a client, the record belongs to the Counseling Resource Center. The information will be protected as stated in our Notice of Privacy Practices. We will retain the record under our possession for at least the number of years determined by State and Federal regulatory guidelines. Copies or transfer of the documentation within the record may be subject to a fee.

