

## Notice of Privacy Policy

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.**

**Effective Date: April 24, 2012**

This Notice of Privacy Practices describes how Grace Community Church Counseling Center (GCCCC) may use and disclose your Protected Health Information (PHI). The PHI constitutes information created or noted by GCCCC that can be used to identify you. This Policy also describes your rights to access and control of your PHI. Please note: Counselees seen here will be considered "counselees of the agency."

We choose to follow federal and state law to provide you with this Notice about your rights and our duties and privacy practices with respect to your PHI. We will follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards. Finally, you have a right to obtain a copy of this form.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

We may use and disclose your PHI for different purposes. We will not use your confidential information (PHI) or disclose it to others without your authorization, except where required by law. The following specifies the ways we may use your PHI, both with your authorization or without.

**Treatment.** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. I may also disclose your PHI to other ministry volunteers, such as a Stephen Minister, Lay Counselor, Intern or Practicum Student, Counseling staff or Pastoral staff. Example: If a psychiatrist is treating you, we may disclose your PHI to her/him in order to coordinate your care. This requires your prior written authorization.

**Healthcare Operations.** We may disclose your PHI, with your authorization, to facilitate the efficient and correct operation of our office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, conducting or arranging for other business activities. GCCCC may also provide your PHI to attorneys, accountants, consultants, Administrative staff, or other volunteers and other office personnel to make sure that we are in compliance with applicable laws.

**Required by Federal, State, or Local Law.** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, or any such uses or disclosures.

**To Avoid Harm.** We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public. For instance, we may need to disclose your PHI if you tell us of a serious/imminent threat of physical violence by you against a reasonably identifiable victim/victims. We also may disclose your PHI if it is determined that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others. Disclosure may be compelled or permitted if it is determined that you are gravely disabled, a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he/she is unable to provide for his/her basic physical needs. In this case, we may determine that disclosure is necessary to prevent the threatened danger. Note: this may include the disclosure of information contained in our counseling notes.

**Arizona Child Abuse and Neglect Reporting law.** For example, if we have a reasonable suspicion of child abuse or neglect. Note: this may include the disclosure of information contained in our counseling notes.

**Arizona Elder/Dependent Adult Abuse Reporting law.** For example, if we have a reasonable suspicion of elder abuse or dependent adult abuse. Note: this may include the disclosure of information contained in our counseling notes.

**Public Health Activities.** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Legal Proceedings.** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). We may be required to disclose PHI when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. You will be contacted if such a request for records is requested, and you will be required to sign an Authorization for Release of Information. You have the right to refuse to comply with a subpoena. Your records are confidential, and they contain information that was received by reason of the confidential nature of the relationship. Be it known, a court may order you to comply and records would be released at that time.

**Law Enforcement.** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of GCCCC, and (6) medical emergency (not on GCCCC's premises) and it is likely that a crime has occurred.

**Workers' Compensation.** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

## **YOUR INDIVIDUAL RIGHTS**

**Right to Inspect and Copy Your PHI.** You may ask to inspect or obtain a copy of your PHI that is included in certain records we maintain. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. Under federal law you may not inspect or copy the following records: psychotherapy notes, psychological test data and reports, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

**Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of any part of your PHI for the purposes of treatment or healthcare operations. You may also request that any of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. While we consider all restrictions carefully, we are not required to agree to a requested restriction.

**Right to Receive an Accounting of Disclosures.** Be it known that no information will be released from this office in any form without your signed consent or an Authorization for Release of Information form from our office (GCCCC). This right applies to disclosures for purposes other than treatment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 24, 2012. The right to receive this information is subject to certain exceptions, restrictions and limitations. We will respond to your request for an accounting of disclosures within 60 days of receiving your written request. The list I give you will include disclosures made in the previous six years (the first six year period

being 2012-2019) unless you indicate a shorter period. 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. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

**Right to Amend Your PHI.** You have the right to request us to amend your PHI that is contained in GCCCC's records. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. We may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than your counselor. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.

### **FOR MORE INFORMATION OR COMPLAINTS**

You may complain to GCCCC or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint. You may file a complaint with us by notifying our Privacy Officer, Nancy Shippy, 480-894-2201, for further information about the complaint process.

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all of your confidential information (PHI) that we maintain, including any information we created or received before we issued the new Notice. If we change the Notice, you may obtain a copy on your next visit or call and request a copy be mailed to you.

I acknowledge receipt of this notice.

Counselor Name \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Counselor Name \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_