

## **Circle of Hope Counseling Services**

234 Berger Rd.  
Paducah, KY 42003

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**EFFECTIVE DATE OF THIS NOTICE** This notice went into effect on [INSERT DATE]

### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **I. MY PLEDGE REGARDING HEALTH INFORMATION**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

#### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

**For Treatment, Payment, or Health Care Operations:** Federal privacy rules allow health care providers who have direct treatment relationships with patients to use or disclose personal health information without the patient's written authorization to carry out treatment, payment, or health care operations.

**Lawsuits and Disputes:** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order or a subpoena under certain conditions.

#### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

**Psychotherapy Notes:** I do keep "psychotherapy notes" as defined by 45 CFR § 164.501, and any use or disclosure requires your Authorization, except under certain exceptions such as treatment, legal defense, or compliance with investigations.

**Marketing Purposes:** I will not use or disclose your PHI for marketing purposes.

**Sale of PHI:** I will not sell your PHI in the regular course of my business.

#### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION**

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for purposes such as:

- When disclosure is required by state or federal law.
- For public health activities.
- For health oversight activities.
- For judicial and administrative proceedings.
- For law enforcement purposes.
- To coroners or medical examiners.
- For research purposes.
- For specialized government functions.
- For workers' compensation purposes.
- Appointment reminders and health-related benefits or services.

#### **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT**

**Disclosures to family, friends, or others:** I may provide your PHI to a family member, friend, or another person involved in your care unless you object.

#### **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI**

- The Right to Request Limits on Uses and Disclosures of Your PHI.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.
- The Right to Choose How I Send PHI to You.
- The Right to See and Get Copies of Your PHI.
- The Right to Get a List of the Disclosures I Have Made.
- The Right to Correct or Update Your PHI.

- The Right to Get a Paper or Electronic Copy of this Notice.
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**Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you acknowledge that you have received a copy of HIPAA Notice of Privacy Practices.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**