



HIPAA NOTICE OF PRIVACY PRACTICES GRACE IN MOTION COUNSELING

This notice describes how we make use of your health information at our agency, how we might disclose your health information to others, and how you can get access to the same information. Please review this notice carefully and feel free to ask for clarification about anything in this material you would like clarification on. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

EFFECTIVE: April 14, 2003 and will be in effect until replaced.

We have a **legal responsibility** under the Federal laws of the United States, the state of Alaska, and the ethics of the counseling profession to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice. This notice describes our policies related to the use and disclosure of your healthcare information. We only release information in accordance with state and federal laws and the ethics of the counseling profession.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law. If we make any changes to this notice, an updated copy will be made available to you through our website and will be posted in our main office. You may request a copy of this notice at any time, free of charge.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

Use and disclosure of protected health information is for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. Other non-consensual allowances for sharing your information are explicitly stated below. State and federal laws allow us to use and disclose your health information for these purposes.

PROVIDING TREATMENT

We may use and disclose your health information to:

- Provide, manage or coordinate care: To your physician or other healthcare provider with whom you also receive treatment.
- Consultants: To anyone on our staff involved in your treatment program.
- Referral Sources: You will be asked to sign a Release of information so that we can communicate with another source.

COLLECTING PAYMENT

We may use and disclose your health information to:

- Verify insurance and coverage: We may call your insurance to ask what services are covered.
- Process claims & collect fees: To receive payment from a third party payer for services we provide for you. If you do not pay for services rendered within a timely manner your account may be sent to Collections. GMC is authorized to give some information to the collection agent.

CONDUCTING HEALTHCARE OPERATIONS

We may use and disclose your health information for: To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only affect your health information from that point on.

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

1. Emergencies: To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object.
2. In the event of disclosed criminal damage
3. Appointment scheduling, to those with lawful access to your treatment program
4. Treatment alternatives
5. As we are required by law: To any person required by federal, state, or local laws having lawful access to your treatment program
6. Mandated Reporting: You should know that there are certain situations in which your counselor is *required* by law to reveal information obtained during therapy to other persons or agencies *without your permission*. Your counselor may, but is not required to inform you of his/her actions in this regard. These situations are detailed below.
 - a. If you threaten grave bodily harm or death to yourself or to any person, your counselor is required by law to inform the intended victim and appropriate law enforcement agencies.
 - b. If a court order is given inquiring information about your case, your counselor may be required by law to provide the information specifically described in the order.
 - c. If you reveal information which gives your counselor a reason to suspect child abuse or neglect, your counselor must report his/her knowledge or suspicions to the Department of Human Resources.
 - d. Any accounts of sexual abuse of a minor, must be report to the Office of Children's Services *and* to the nearest Alaska State law enforcement office, as per the the Alaska's Mandatory Child Abuse Reporting Statute (A.S. 47.17.020), effective Sept 2020.
 - e. If you are in therapy by order of a court of law, the results of the treatment ordered may be revealed to or subpoenaed by the court system
 - f. If you bring civil or criminal charges against your counselor in court, or if you file an ethics complaint with a licensing board, your counselor is permitted to use your records to defend himself/herself against your charges or complaints.
 - g. If you reveal information which gives your counselor a reason to suspect that a vulnerable adult or an elderly adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect, your counselor must report his/her knowledge or suspicions to the Department of Health and Social Services.
 - h. In the event of an emergency: to a family member, a person responsible for your care, or your personal representative. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.

YOUR LEGAL HEALTHCARE RIGHTS

As a client of Grace in Motion Counseling, **you have these important rights:**

- 1. Right to request where we contact you:**
 - Home, work, cell phone, or email
 - If none of these, then please notify us with your preferred method of contact. (examples: advocate, agency, case worker)
- 2. Right to release your medical records:**
 - Written authorization to release records to others
 - Right to revoke release in writing
- 3. Right to inspect and copy your medical billing records:**
 - Right to inspect and copy records
 - Counselor may deny this request
 - Charges for copying, mailing etc.
- 4. Right to add information or amend your medical records:**
 - May request to amend record
 - Amendment request must be in writing
 - Counselor may deny the request
 - If denied, you have the right to file disagreement statement
 - Disagreement state and your response will be filed in the record
- 5. Right to Accounting of Disclosures:**
 - For a six year period beginning with the date the counselor came into compliance, no later than 4/14/2003.
- 6. Right to request restrictions on uses and disclosures of your healthcare information:**
 - Must be in writing
 - You are not obligated to agree
- 7. Right to complain:**
 - Please contact our office first.
 - If not satisfied, right to complain to the U.S. Department of Health and Human Services.
- 8. Right to receive changes in policy:**
 - If changes to this notice are made, an updated copy will be made available to you through our website or posting in our main office.

Your signature is required on our Billing Consent & Acknowledgement Form, indicating receipt of this notice prior to accessing services with Grace in Motion Counseling.