

## **Notice of Privacy Practices**

Pledge Regarding Protected Health (PHI) Information – Guise Counseling Services is committed to protecting your PHI information. We understand that your PHI is personal. This Notice of Privacy Practices (Notice) will tell you about your rights and our duties with respect to your information. In addition, it will tell you what to do if you believe we have violated your privacy rights.

The Notice applies to all records of your care generated by Guise Counseling Services. We create a record of the care and services you receive in order to provide you with quality care and to comply with certain legal requirements. This Notice describes how Guise Counseling Services may use and disclose the protected health information in this record. Protected health information (PHI) means any health information that Guise Counseling Services uses to make decisions about you and that identifies you or for which there is a reason to believe the information can be used to identify you. In this Notice, we call this information PHI.

Guise Counseling Services is required by law to:

- Make sure that PHI about you is kept private
- Provide this Notice of our legal duties and privacy
- Abide by the terms of this Notice or any Notice that is currently in effect

How information may be used or disclosed: PHI will be shared as necessary to carry out treatment or payment. PHI is used or disclosed for a number of different purposes, each of those purposes is described below.

- 1) Treatment – PHI may be used to provide treatment; if you are referred to a specialist for services (psychiatry) a release of information will be obtained and you will be notified of any communication.
- 2) Payment – Portions of PHI may be disclosed to your private insurer or health plan to get paid for services that were delivered to you. PHI is not disclosed to a private insurance plan when you pay for the services out of pocket.
- 3) Appointment reminders – PHI may be disclosed to remind you by telephone, text, or email about upcoming appointments or to reschedule missed or canceled appointments.
- 4) Treatment alternatives – PHI may be disclosed to contact you about treatment alternatives that might be beneficial or of interest to you
- 5) To family, friends, and others identified by you as involved with your care – PHI may be disclosed if a release of information has been obtained and you control what information is provided.

## USES AND DISCLOSURES THAT ARE REQUIRED BY OR PERMITTED BY LAW

- 1.) As Required by Law We will disclose your PHI when required to do so by federal, state or local law or by regulation. For example, we may disclose your PHI when a law requires that we report information about suspected abuse, neglect or domestic violence or relating to suspected criminal activity; for FDA-regulated products or activities; or in response to a court or agency order, subpoena, discovery request or other legal process (but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed). We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- 2.) Disclosures for Law Enforcement Purposes  
We may disclose your PHI to law enforcement officials for these purposes:
  - If a crime is committed at the office of Guise Counseling Services
  - In response to a court, grand jury or administrative warrant, order or subpoena
  - To identify or locate a missing person
  - About an actual or suspected victim of a crime if, under certain limited circumstances, we are unable to obtain that person's agreement
  - To avert a serious threat or event or to warn a victim or victims of intended harm
  - To report a death if we suspect the death may have resulted from criminal conduct
- 3) Special Government Functions - We may disclose the PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons, such as protection of the president

## OTHER USES OF PHI

Other uses and disclosures not covered by this Notice or the laws that apply to Guise Counseling Services will be made only with your written permission or authorization. If you provide permission to use or disclose your information, you may revoke it at any time by notifying, in writing. You understand that we are unable to take back disclosures we have already made with your permission.

## YOUR RIGHTS REGARDING YOUR PHI

- 1) Right to Request Restrictions - You have the right to ask that we limit how we use or disclose your PHI. You must make your request in writing. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/ disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. You understand that we are not able to take back disclosures already made. We cannot agree to limit uses/disclosures that are required by law
- 2) Right to Receive Confidential Communications - You have the right to request that we communicate your PHI in a particular way (e.g., to your cell phone) or at a certain place, such as your workplace. You must request confidential communication in writing to Guise Counseling Services 1712 N Meridian St. Suite 201 Indianapolis, IN 46202
- 3) Right to Access, Inspect, and Copy - Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI if you put your request in writing. You may complete a Guise Counseling Services Authorization to Release/Obtain Information form or

write a letter including the type of information requested, the dates of service, the purpose of the request, and whether you wish to review or want photocopies of the requested information. You may complete a Guise Counseling Services Authorization to Release/Obtain Information form or write a letter including the type of information requested, the dates of service, the purpose of the request, and whether you wish to review or want photocopies of the requested information. Direct the authorization or request to: Guise Counseling Services, Attention: Release of Information, 1712 N Meridian St. Suite 201 Indianapolis, IN 46202 - We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance.

- 4) Right to Amend - If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. Written requests must include 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. We may also deny your request if we determine that the PHI is: 1) correct and complete; 2) not created by us and/or not part of our records or; 3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI, inform you and tell others who need to know about the change in the PHI. Direct your request for amendment to Guise Counseling Services 1712 N Meridian St. Suite 201 Indianapolis, IN 46202
- 5) Right to an Accounting of Disclosures - You have a right to get a list of when, to whom, for what purpose and what content of your PHI has been released other than instances of disclosure for which you gave your written authorization. (This is called an accounting of disclosures.) Your request can relate to disclosures going as far back as six years. The list will not include any disclosures made for national security purposes; for treatment, payment or health care operations purposes; through a facility directory; or to law enforcement officials or correctional facilities. Your request must be in writing. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for the first list requested each year. There may be a charge for subsequent requests.
- 6) Rights with Respect to Your Insurance - Even if you have insurance, you have the right to pay for services yourself and avoid having any information about these services sent to your insurance company.
- 7) Notice of PHI Disclosure - In certain circumstances, you have the right to be notified if your PHI is disclosed to an unauthorized person(s).