

Invigorate Counseling

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. If you have any questions after reading this notice please speak with your therapist.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law.

It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information that may identify you, and which relates to your past, present, or future physical or mental health condition and or treatment.

We are required to abide by the terms of this Notice of Privacy Practices; however we may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your therapist, office staff, and or others outside of our office that are involved in your treatment for the purpose of providing health care services to you. For example, we may use and disclose your protected health care information to provide, manage, or coordinate your treatment with other health care providers. This information may also be used to obtain authorization for treatment as well as payment for health care services by your insurance company. We may use or disclose, as needed, your protected health information in order to support the business practices of Invigorate Counseling. These may include, but are not limited to peer review activities, quality improvement, licensing reviews, etc. We may also call you by name in the waiting room and/or leave a message with a person, in a voicemail or an answering machine to contact you, return a call, or remind you of an appointment at a number designated by you.

Uses and Disclosures of Protected Health Information based upon Your Written Authorization to Release

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your treating clinician has taken an action in reliance on the use or disclosure indicated in the authorization. Unless you object, we may disclose to a member of your family (or other person you may identify) your protected health information that directly relates to that person’s involvement in your treatment. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest. We may disclose information to an individual that is responsible for your care of your location, general condition,

or death. We may need to disclose your protected health information in an emergency treatment situation.

Other Permitted and Required Uses and Disclosures that may be Made Without Your Consent, Authorization or Opportunity to Object:

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse or Neglect of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (ex: the elderly, disabled, cognitively impaired), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients (defined as minors aged 11 and younger) have the right to access the clients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

Legal Proceedings

We may disclose protected health information 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), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes

otherwise required by law, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on this premises, and during a medical emergency where it is likely that a crime has occurred.

Criminal Activity

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public (Duty to Warn). We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation

Your protected health information may be disclosed as authorized to comply with workers compensation laws and other legally established programs.

As 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.

Communicable diseases

We may disclose your protected health information, 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.

Health oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, or other government regulatory programs and civil rights laws.

Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You Have the Right to Inspect and Copy Your Protected Health Information

This means you have the right to inspect and or copy your protected health information which is contained in your record, for as long as we maintain that record (generally 7 years from date of case closing). Under federal law, however, you may not inspect or copy the following; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You Have the Right to Request a Restriction of Your Protected Health Information

This means you may request in writing that we do not disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also

request that any part of your protected health information 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. Your written request must state the specific restriction requested and to whom you want the restriction to apply.

You Have the Right to Request to Receive Confidential Communications From us by Alternative Means or at an Alternative Location

We will accommodate reasonable requests, and again it must be made in writing.

You Have a Right to Receive an Accounting of Certain Disclosures we have made, if any, of Your Protected Health Information

This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices.

It excludes disclosures we may have made to you or at your request to other parties, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You Have a Right To Obtain a Paper Copy of This Notice From Us Upon Request.

Complaints

You may submit complaints to us or to the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by contacting the administrator of Invigorate Counseling. Heather Duthler, LMSW, CAADC, ADS can be contacted in writing at the address for Invigorate Counseling or by phone at 616-889-9098. We will not retaliate against you for filing a complaint.