

Spiritual Family Counseling, LLC.

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HIPAA NOTICE OF PRIVACY PRACTICES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you, your past, present or future health condition, the provision of health care to you, or the payments made for your health care. I must provide you with this notice about my privacy practices, and therein, explain how, when, and why I will use/disclose your PHI. A use of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice. PHI is disclosed when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. I am legally required to follow the privacy practices described in this notice.

I reserve the right to change the terms of this notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this notice and post a new copy of it on my website or provide a new copy to you in person. At any time, can request a copy of this notice from me if needed.

HOW I MAY USE AND DISCLOSE YOUR PHI

Listed below are the different categories of my uses and disclosures. For some of these uses or disclosures, I will need your prior authorization; for others, I do not.

Uses and disclosures relating to Treatment, Payment or Health Care Operations do not require your prior written consent. I can use and disclose your PHI without your consent for the following reasons: Treatment: I can disclose your PHI to physicians, psychiatrists, psychologist and other licensed health care providers who provide you with health care services, or are involved with your care for your coordination of your care. HOWEVER, IT IS MY PRACTICE TO DO SO ONLY IF YOU HAVE PROVIDED YOUR AUTHORIZATION OF THE RELEASE TO ME IN WRITING. ***IF THERE IS A THREAT TO YOUR SAFETY, I DO NOT NEED YOUR WRITTEN OR VERBAL CONSENT***.

USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT.

Coordination of care for your treatment allows me to disclose your PHI to physicians, psychiatrists, psychologist and other licensed health care providers who provide you with health care services, or are involved with your care. However, it is my practice to do so only with written authorization. If there is a threat to your safety, I do not need written consent.

Obtainment of payment for treatment such as to bill and collect payment for the treatment and services provided by me to you. I might need to send your PHI to your insurance company or health plan to get paid for the health care services I have provided to you. I may also provide your PHI to my business associates, such as billing, claims processing and others that process my health care claims. All of our business associates are obligated to protect you PHI, and are not allowed to use or disclose any information for any reason other than the reasons specified in our contract.

Health Care Operations so that evaluations can be made of health care professionals who provide care to you. Or, I may also provide your PHI to our accountants, attorney, consultants and others to make sure I am complying with applicable laws.

Other disclosures may be made without your consent if you need emergency treatment, as long as I try to obtain your consent after treatment is rendered. Or, if I try to obtain your consent but you are unable to communicate with me (unconscious or in severe pain), and I think that you would consent to such treatment if you were able to do so.

CERTAIN USES AND DISCLOSURE DO NOT REQUIRE YOUR CONSENT.

I CAN USE AND DISCLOSE YOUR PHI WITHOUT YOUR CONSENT OR AUTHORIZATION FOR THE FOLLOWING REASONS:

When disclosure is required by federal, state or local law; judicial or administrative proceedings; or, law enforcement. I may make a disclosure to applicable officials when required by law about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.

For public health activities and requirements such as county coroner reports.

For health oversight activities. If required by the government to assist with an investigation or inspection of a health care provider organization.

For research purposes. If necessary, to assist with medical research.

To avoid harm. If a report is required to law enforcement in order to avoid a serious threat to or lessen harm to you or another person.

For specific government functions. In certain situation when providing care to veterans or military personnel, and to assist with national security or intelligence operations.

For workers' compensation purposes. To comply with workers' compensation laws.

Appointment reminders and health related benefits or services.

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

Disclosures to Family, Friends or Others that you indicate are involved in your care or the payment for your care, unless you object in whole or part. The opportunity to consent may be obtained retroactively in emergency situations.

Other uses and disclosures require your prior written authorization at times, but Spiritual Family Counseling, LLC. does not. These include disclosing for marketing purposes (of services other than those of Spiritual Family Counseling, LLC.), sale of PHI to 3rd parties, and for fundraising purposes. In these or any other situation not described in sections III A, B, and C above, written authorization would be requested. If authorization is granted, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I have not taken any action in reliance on such authorization) of your PHI by me.

RIGHTS REGARDING YOUR PHI

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I uses and disclose your PHI. I am not required to agree it requires the restriction of disclosure to care services paid for in cash or out of pocket, but not if your service was paid for with insurance. If there is an agreement, I will comply with your request unless the information is needed to provide you with emergency treatment. You may not limit the uses and disclosures that I am legally required or allowed to make.

Out of Pocket Payment. If you paid out of pocket (not with insurance), you have the right to ask that your Protected Health Information with respect to that Item or service not be disclosed to a health plan for purposes of payment or health care operations, and I will honor that request.

The Right to Choose How I Send PHI to YOU... alternate addresses or means. I must agree to your request, as long as I can easily send information in the format you requested.

The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI if the request is made in writing. If I do not have your PHI, but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. A summary of the PHI will be provided to you upon your agreement to receiving the summary AND its accompanied cost. Please see Spiritual Family Counseling, LLC. fee agreement. If your request is denied, you will be notified of the reasons why in writing.

Treatment notes are stored by Spiritual Family Counseling, LLC, and are a part of your PHI and accessible to you. *** Please see fee agreement***

The Right to Obtain a List of PHI Disclosures Made. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment or health care operations provided directly to you or to your family. The list also won't include uses and disclosures made before April 15, 2003. I will respond to your request for an account of disclosures within 60 day of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. 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 charge, but if you make more than one request in the same year, there will be a charge in the amount of a letter listed on the fee agreement.

The Right to Correct or Update Your PHI if you believe that there is a mistake in your PHI or that a piece of information is missing. You must provide the request with reason in writing. A response will be provided in 60 days, and may be denied if the PHI is already fully complete, not created by me, not allowed to be disclosed, or not part of my records. If denied, reasons will be provided in writing, and will explain your right to file a written statement of disagreement. If a written statement of disagreement is not filed, you have the right to request that your initial request and my official denial be attached to all future disclosures of you PHI. Upon approval of your request, the requested changes will be made to your PHI. Notification will be provided to you and others that need to know about your PHI that changes have been made upon completion of changes.

You have the right to get this notice by e-mail, as well as by paper copy.

Right to get notice of a breach of your PHI.

COMPLAINTS ABOUT PRIVACY PRACTICES

If you think that I may have violated your privacy rights, or if you disagree with a decision made about access to your PHI, you may file a complaint by following this [link](#). If you have questions or complaints about Spiritual Family Counseling, LLC. Privacy Practices, please contact me at the information at the beginning of this document.

Effective 9/15/20