***LIVING WATER COUNSELING***

**Notice of Privacy Practices**

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

1. ***LIVING WATER COUNSELING* HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH lNFORMATION (PHI)**

*Living Water Counseling* and its staff arelegally required to protect the privacy of your PHI, which includes information that can be used to identify you that your therapist has created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this Notice about our privacy practices, and such Notice must explain how, when, and why we will “use” and “disclose” your PHI. A “use” of PHI occurs when your therapist shares, examines, utilizes, applies, or analyzes such information within his/her clinical practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of *Living Water Counseling*. With some exceptions, your therapist 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. And, *Living Water Counseling* and its staff, are legally required to follow the privacy practices described in this Notice.

However, *Living Water Counseling* and its staff reserve the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to PHI on file with your therapist already. Before any important changes to its policies are made, *Living Water Counseling* will promptly change this Notice and post a new copy of it in the office and on the website. You can also request a copy of this Notice from your therapist, or you can view a copy of it in the *Living Water Counseling* office or on its website (*www.livingwaterca.com*).

**III. HOW YOUR PHI MAY BE USED AND DISCLOSED.**

Your therapist will use and disclose your PHI for many different reasons. For some of these uses or disclosures, your written authorization will be needed prior; for others, however, this will not be needed. Listed below are the different categories of uses and disclosures along with some examples of each category.

1. **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.**

*Living Water Counseling* can use and disclose your PHI without your consent for the following reasons:

1. **For Treatment.**

*Living Water Counseling* can use your PHI within its practice to provide you with mental health treatment, including discussing or sharing your PHI with other clinicians, trainees and interns. With prior consent from you, your PHI can also be disclosed to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, your therapist can disclose your PHI to your psychiatrist to coordinate your care once you have signed the authorization to release information.

1. **To Obtain Payment for Treatment**.

*Living Water Counseling* can use and disclose your PHI to bill and collect payment for the treatment and services provided by your therapist to you. For example, *Living Water Counseling* might send your PHI to your insurance company or health plan to get paid for the health care services that have been provided to you. Your PHI may also be provided to business associates of *Living Water Counseling* and/or your therapist, such as billing companies, claims processing companies, and others that process health care claims.

1. **For Health Care Operations**.

Your PHI can be used and disclosed to operate the practices of *Living Water Counseling*. For example, your PHI might be used to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. *Living Water Counseling* and its staff may use your PHI in consultation with its accountant, attorney, consultants, or others to further the health care operations.

1. **Patient Incapacitation or Emergency.**

*Living Water Counseling* and its staff may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as your therapist and/or his/her supervisor (if an intern) tries to get your consent after treatment is rendered. Consent is also not required if in an emergency situation, consent is tried to be received, but you are unable to communicate with the staff of *Living Water Counseling* (for example, if you are unconscious or in severe pain) and *Living Water Counseling* and its staff think that you would consent to such treatment if you were able to do so.

**F. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization**.

*Living Water Counseling* and its staff can use and disclose your PHI without your consent or authorization for the following reasons:

1. When federal, state, or local laws require disclosure. For example *Living Water Counseling* and its staffmay have to make a disclosure to applicable governmental officials when a law requires your therapist to report information to government agencies and law enforcement personnel about victims of abuse or neglect.

1. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for workers’ compensation benefits, *Living Water Counseling* and its staff may have to use or disclose your PHI in response to a court or administrative order. Your therapist may also have to use or disclose your PHI in response to a subpoena.

1. When law enforcement requires disclosure. For example, *Living Water Counseling* and its staff may have to use or disclose your PHI in response to a search warrant.

1. When public health activities require disclosure. For example, *Living Water Counseling* and its staff may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.

1. When health oversight activities require disclosure. For example, *Living Water Counseling* and its staff may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.

1. To avert a serious threat to health or safety. For example, *Living Water Counseling* and its staff may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring.

1. For specialized government functions. If you are in the military, *Living Water Counseling* and its staff may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.

1. To remind you about appointments and to inform you of health-related benefits or services. For example, *Living Water Counseling* and its staff, may have to use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that might be of interest to you.

**G. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

**1. Disclosures to Family, Friends, or Others**. *Living Water Counseling* and its staff may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**H. Other Uses and Disclosures Require Your Prior Written Authorization**. In any other situation not described in sections III A, B, and C above, *Living Water Counseling* and its staff will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that *Living Water Counseling* and its staff haven't taken any action in reliance on such authorization) of your PHI.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

You have the following rights with respect to your PHI:

1. **The Right to Request Restrictions on Uses and Disclosures**. You have the right to request restrictions or limitations on uses or disclosures of your PHI by *Living Water Counseling* and its staff to carry out my treatment, payment, or health care operations. You also have the right to request that *Living Water Counseling* and its staffrestrict or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to me in writing. *Living Water Counseling* and its staffwill consider your requests, but they are not legally required to accept them. If your requests are accepted, we will put them in writing and we will abide by them, except in emergency situations. However, be advised, that you may not limit the uses and disclosures that we are legally required to make.

1. **The Right to Choose How *Living Water Counseling* Sends PHI to You**. You have the right to request that *Living Water Counseling* and its staff send confidential information to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). *Living Water Counseling* and its staff must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and, when appropriate, you provide information as to how payment for such alternate communications will be handled. *Living Water Counseling* and its staff may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

1. **The Right to Inspect and Receive a Copy of Your PHI.** In most cases, you have the right to inspect and receive a copy of the PHI that *Living Water Counseling* and its staff have on you, but you must make the request to inspect and receive a copy of such information in writing. If your therapist doesn’t have your PHI but knows who does, he/she will tell you how to get it. *Living Water and its staff* will respond to your request within 30 days of receiving your written request. In certain situations, we may deny your request. If this happens, you will be informed, in writing, for the reasons for the denial and your right to have this denial reviewed will be explained.

If you request copies of your PHI, *Living Water* and its staff will charge you not more than $.25 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

1. **The Right to Receive a List of the Disclosures *Living Water* and its Staff Have Made.** You have the right to receive a list of instances, i.e., an Accounting of Disclosures, in which *Living Water* and its staff have disclosed your PHI. The list will not include disclosures made for treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel; or, disclosures made before April 14, 2003.

*Living Water* and its staff will respond to your request for an Accounting of Disclosures within 60 days of receiving such request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date the disclosure was made, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, you may be charged a reasonable, cost-based fee for each additional request.

1. **The Right to Amend Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that *Living Water* and its staff correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. This request may be denied in writing if the PHI is (i) correct and complete, (ii) not created by your therapist, (iii) not allowed to be disclosed, or (iv) not part of the records of *Living Water* and its staff. The written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and the denial be attached to all future disclosures of your PHI. If *Living Water* and its staff approve your request, we will make the change to your PHI, tell you what has been done, and tell others that need to know about the change to your PHI.

1. **The Right to Receive a Paper Copy of this Notice**. You have the right to receive a paper copy of this notice even if you have agreed to receive it via e-mail.

**V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think that I may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section Vl below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN**

**ABOUT MY PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**VlI. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on August 1, 2013.