

Notice of Privacy Practices and Clients' Rights

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

We respect client confidentiality and release confidential information about you only in accordance with state and federal law. This notice describes our policies related to the use of the records of your care generated by this Center. If you have any questions about this policy or your rights, please contact Gil Kracke, Director: 205-879-7500.

We will use the information about your health that we get from you or others primarily to provide you with treatment, to arrange for payment for our services, or for some other business activities which are called, in the law, health care operations. After you have read this Notice of Privacy Practices (NPP), we will ask you to sign a consent form to agree to be treated, and to let us use and share this information. If you do not consent and sign the consent form, we cannot provide you any services.

Use and Disclosure of Protected Health Information (PHI)

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment. We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our Center with whom we are consulting, or others to whom you are being referred.

Payment. We may use and disclose medical information about you so that the treatment and services you receive through this Center may be billed to and payment may be collected from you, an insurance company, or a third party. This will include contacting your health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.

Healthcare operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, managing payments, or staff training.

Individuals involved in your care or payment for your care. We may release medical information about you to a guardian or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

Appointment reminders and health-related benefits and services. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Emergencies. Sufficient information may be shared to address an immediate emergency you are facing.

As required by law. We will disclose medical information about you when required to do so by federal, state, or local law. This would include situations where we are compelled to act by a subpoena or court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and/or neglect of a child, elder, or other incapacitated adult.

Coroner. We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

Business associates. There are some services provided by this Center through contracts with business associates. Examples may include copy services used to make copies of your health record, record storage companies, consultants, accountants, lawyers, medical transcriptionists, and third-party billing companies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to safeguard appropriately your information.

Health oversight activities. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. Information may also need to be shared with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may disclose medical information for judicial or administrative proceedings, as required by law.

Use and Disclosure of Protected Health Information (continued)

Law enforcement. We may release medical information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses, or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct, and for suspected crimes on the premises.

To avert a serious threat to health or safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Criminal activity / Danger to self or others. If any crime is committed on our premises, or if a crime is committed off-premises but against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

Public health activities. We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public. We may disclose medical information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose medical information to an employer if the employer requires the healthcare services to determine whether you suffered a work-related injury.

Victims of abuse, neglect, or domestic violence. We are required to report suspected child or elder abuse or neglect to the State of Alabama. In some instances, we may be required to report suspected domestic abuse, violence, or neglect as well.

Military and veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

National security and intelligence activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and others. We may disclose medical information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

Workers' compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Other uses and disclosures. We will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

Clients' Rights

Although all records concerning your treatment obtained by this Center are the property of this Center, you have the following rights regarding medical information we maintain about you:

Right to inspect and copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Entity Privacy Coordinator. If you request a copy (paper or electronic) of the information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Right to amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the entity. To request an amendment, your request must be made in writing on the required form and submitted to the Entity Privacy Coordinator. In addition, you must provide a reason that supports your request.

Clients' Rights (continued)

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the entity;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an accounting of disclosures. You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Entity Privacy Coordinator. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to request restriction. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

- We are not required to agree to your request.
- If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- To request restrictions, you must make your request in writing to the Entity Privacy Coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to request that health information pertaining to services paid out of pocket not be sent to insurance or other health plans. In some instances, you may choose to pay for a healthcare item or service out of pocket, rather than submit a claim to your insurance company. You have the right to request that we not submit your health information to a health plan or your insurance company, if you, or someone on your behalf, pay for the treatment or service out of pocket in full.

To request this restriction, you must make your request in writing to the Entity Privacy Coordinator prior to the treatment or service. In your request, you must tell us (1) what information you want to restrict and (2) to what health plan the restriction applies.

Right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Entity Privacy Coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to revoke authorization. You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization.

Right to a paper copy of this notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Complaint. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy and Security Officer, and/or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide you in any way.

To contact the Entity Privacy Coordinator, please email Privacy.Coordinator@CovenantCounsel.com. If you have any questions regarding this Notice or our health information privacy policies, please contact our office manager, Laura Butler: 205-879-7500.