

Aspen Counseling Services, PLLC
Privacy Notice
HIPAA --- Health Insurance Portability and Accountability Act
Terms and Limits of Confidentiality

This notice describes in detail how we use and disclose your protected health information (PHI) for treatment, payment, and health care operations. It also describes your rights under the federal privacy regulations and explains how you can request a copy of your personal health information. If you have any questions about this notice, please contact Angie Arnold, MS, LPC. Uses and Disclosures for Treatment, Payment, and Health Care Operations.

In accordance with HIPAA (Health Insurance Portability and Accountability Act), we may use or disclose your protected health information (PHI) for treatment, payment, and health care operations with your consent. Following is a clarification of these terms:

- *We* – refers to Aspen Counseling Services, PLLC.
- *Use* --- applies only to activities within our clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *Disclose* --- applies to activities outside of our clinic such as releasing, transferring, or providing access to information about you to other parties.
- *PHI* --- refers to information in your health record that could identify you.
- *Treatment, Payment, and Health Care Operations:*
 - *Treatment* refers to when we provide, coordinate, or manage your health care and other services related to your health care. This could include consulting with or referring your case to another health care provider (e.g., a family physician, another psychologist, or a psychiatrist).
 - *Payment* refers to when we obtain reimbursement for your health care. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. We may also need to notify your health insurance carrier about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
 - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, arranging for audits and administrative services, and care coordination. For example, we may conduct audits of the billing process we use for you or contact you as a reminder that you have an appointment for treatment.

Uses and Disclosures with Neither Consent nor Authorization

Both verbal information and written records about a client are considered confidential and cannot be shared with another party without the written consent of the client or the client's legal guardian. However, federal and state laws either permit or require us to disclose PHI about you for several reasons. The *limits of confidentiality* in which we may disclose your PHI without your consent or authorization are as follows.

Suspected Abuse, Neglect, or Harmful Intention

- **Child Abuse:** If we have knowledge of any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition of such a nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect, we are required by law to report such harm immediately to the South Dakota Department of Children's Services, to a judge having juvenile jurisdiction, or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Also, if we have reasonable cause to suspect that a child has been sexually abused, we must report such information, regardless of whether the child has sustained any injury.
- **Adult and Domestic Abuse:** If we have reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, we are required by law to report such information to the South Dakota Department of Human Services.
- **Self---Harm:** If we believe you represent a clear and imminent danger to yourself, or you are not able to care for yourself, we are obligated to seek hospitalization for you or to contact family members or others who can provide protection.
- **Serious Threat to Health or Safety:** If you communicate to us a threat of bodily harm against a reasonably identified victim, and we have determined that you have the apparent ability to commit such an act and are likely to carry out the threat unless prevented from doing so, we are required to take reasonable care to predict, warn of, or take precautions to protect the identified victim from your violent behavior.

Health Oversight Activities and Judicial and Administrative Proceedings --- If we receive a subpoena or other lawful request from the Department of Health or the South Dakota Board of Examiners, we must disclose the relevant PHI pursuant to that subpoena or lawful request. If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release

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information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered.

Worker's Compensation --- We may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-- related injuries or illness without regard to fault.

Prenatal Exposure to Controlled Substances --- Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Professional Misconduct --- Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

In the Event of a Client's Death -- In the event of a client's death, the spouse or parents of a deceased client have the right to access their child's or spouse's records.

Minors/Guardianship --- Parents or legal guardians of non emancipated minor clients have the right to access the client's records.

Other Provisions --- When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame, and the name of the clinic.

Insurance companies and other third---party payers are given information that they request regarding services to clients. Information that may be requested may include the following: type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

In some cases, notes and reports are dictated/typed within the clinic or by outside sources specializing (and held accountable) for such procedures.

When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. The information includes (a) testing results, (b) information given to the mental health professional not in the presence of other person(s) utilizing services, (c) information received from other sources about the client, (d) diagnosis, (e) treatment plan, (f) individual reports/summaries, and (h) information that has been requested to be separate. The material disclosed in conjoint family or couples sessions, in which each party discloses such information in each others presence, is kept in each file in the form of case notes.

Uses and Disclosures Requiring Authorization

We will ask for your specific authorization before using or disclosing any PHI for purposes outside of treatment, payment, or health care operations. An *authorization* is written permission above and beyond the general consent that permits only specific disclosures. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization or (2) if the authorization was obtained as a condition of acquiring insurance coverage (other law provides the insurer the right to contest the claim under the policy).

Patient's Rights and Therapist's Duties

Patient's Rights:

- *Right to Inspect and Copy* --- In most cases, you have the right to inspect and/or obtain a copy of PHI in our mental health and billing records used to make decisions about you as long as the PHI is maintained in the record. You must make this request in writing. We may deny you access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Receive Confidential Communications* --- You have the right to request and receive confidential communications of PHI by alternative means and alternative locations (e.g., we can send your bills to another address if you do not want a family member to know that you are seeing us).
- *Right to Request Restrictions* --- You have the right to request restrictions on certain uses and disclosures of PHI. You must make this request in writing. We will consider your request but are not required by law to agree to your request.
- *Right to Correct or Update (Amend) Your Medical Records*--- You have the right to ask us to correct existing information or add missing information to your records. You must make this request in writing and provide a reason for your

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request. We will consider your request but are not required by law to agree to your request if we believe the record to be correct and complete.

- *Right to an Accounting* --- You generally have the right to receive an accounting of disclosures of PHI that have been made to persons or entities other than for treatment or health care operations in the last six (6) years, but not prior to April 14, 2003.
- *Right to a Paper Copy* --- If this Notice of Privacy Practices was sent to you electronically, you also have the right to request a paper copy of this notice.

Therapist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, the changes will be effective for information we have about you as well as any information we receive in the future. We will provide individuals with the opportunity to review the revised notice at the time of their next scheduled appointment.

Questions and Complaints

If you have any questions about this notice, disagree with a decision about access to your records, or have other concerns about your privacy rights, you may file a complaint with Aspen Counseling Services, PLLC and/or the U.S. Department of Health and Human Services at the addresses listed below. Under no circumstances will you be retaliated against for filing a complaint.

For more information about our privacy practices, please contact::

Angela M. Arnold, MS, LPC
Email: aarnold@aspencounselingservices.net

For more information about HIPPA or to file a complaint:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Ave. SW
Washington, DC 20201
877-696-6775 (toll free)