



Notice of Policies and Practices of Preferred Counseling,
P.A. to Protect the Privacy of your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Preferred Counseling, P.A. may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Healthcare Operations”
 - *Treatment* is when Preferred Counseling, P.A. provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Preferred Counseling, P.A. consults with another health care provider, such as your family physician or another counselor.
 - *Payment* is when Preferred Counseling, P.A. obtains reimbursement for your healthcare. Examples of payment are when Preferred Counseling, P.A. discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of counseling practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such

as audits and administrative services, and case management and care coordination.

- “Use” applies only to activities within Preferred Counseling, P.A. such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of Preferred Counseling, P.A., such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Preferred Counseling, P.A. may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Preferred Counseling, P.A. has received a written request for information for purposes outside of treatment, payment, or health care operations, Preferred Counseling, P.A. will obtain and authorization from you before releasing this information. (“*Psychotherapy Process Notes*” are notes your counselor has made about the conversation during a private, group, joint, or family counseling session, and are **excluded** from the rest of your medical record. The *Psychotherapy Process notes belong solely to the therapist*. They are given a greater degree of protection than normal PHI.)

You may revoke all such authorizations (of PHI) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Preferred Counseling, P.A. has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Preferred Counseling, P.A. may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If there is reasonable cause to suspect that a child has been subjected to child maltreatment or has died as a result of child maltreatment, or your counselor has observed a child being subjected to conditions or circumstances that would reasonably result in child maltreatment, she/he must immediately notify the child abuse hotline.
- *Adult and Domestic Abuse* – If there is reasonable cause to suspect that an endangered or impaired adult has been subject to conditions or circumstances that would reasonably result in abuse, sexual abuse, neglect or exploitation, he/she must immediately report this to an appropriate authority.
- *Professional Regulatory Activities* – If your counselor receives an inquiry from the Arkansas State Board of Examiners in Counseling, he/she may be required to disclose PHI to comply with that subpoena.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a written request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and your counselor will not release information without the written authorization of you or your legally appointed representative 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. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If you communicate a threat of physical violence against a reasonably identifiable third person, your

counselor may disclose relevant PHI and take reasonable steps permitted by law to prevent the threatened harm from occurring. If your counselor believes that there is an imminent risk that you will inflict serious physical harm on yourself, he/she may disclose information in order to protect you.

- *Worker's Compensation* – Preferred Counseling, P.A. may disclose PHI 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.

IV. Client's Rights and Counselor's Duties

Client's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, Preferred Counseling, P.A. is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request in writing and receive confidential communications of PHI by alternative means at alternative locations. (For example, you may not want a family member to know you are seeing a counselor. On your request, your bills will be sent to another address.)
- *Right to inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your counselor may deny you access to PHI under certain circumstances, but in

some cases you may have this decision reviewed. Upon your written request, your counselor will discuss with you the details of the request and denial process.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your counselor may deny your request. Upon your written request, she/he will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. Upon your request, your counselor will discuss with you the details of the accounting process.

Counselor's Duties:

- Your counselor is required by law to maintain the privacy of PHI and to provide you with a notice of his/her legal duties and privacy practices with respect to PHI.
- Preferred Counseling, P.A. reserves the right to change the privacy policies and practices described in this notice. Unless Preferred Counseling, P.A. notifies you of such changes, however, Preferred Counseling, P.A. is required to abide by the terms currently in effect.
- If the Policies and Procedures are modified, you will be provided notification of the revision of Policy and Procedures at your next scheduled appointment.

V. Right to Get Notice of a Security Breach

We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after

we discover the breach. "Unsecured Protected Health Information" is Protected Health Information that has been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:

- A short description of what happened, the date of the breach and the date it was discovered;
- The steps you should take to protect yourself from potential harm from the breach;
- The steps we are taking to investigate the breach, mitigate the losses, and protect against further breaches, and;
- Contact information where you can ask questions and get additional information.

If the breach involves 10 or more clients whose contact information is out of date we will post a notice of the breach in a major print or broadcast media.

VI. Complaints

Should you be concerned that your Privacy Rights have been violated, or if you disagree with decisions concerning access to your records, you may contact Preferred Counseling, P.A., Privacy Officer, PO Box 3, Fort Smith, AR 72902.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, DC 20251.

VII. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on May 1, 2013.

With each new revision, there is a new reserve for the right to change the terms of the notice and to make the new notice provisions effective for all protected health information that Preferred Counseling, P.A. maintains.

- Preferred Counseling, P.A. reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Preferred Counseling, P.A. maintains. Preferred Counseling, P.A. will provide you with notification of the revision of Policy and Procedures at your next scheduled appointment.
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