



Jeffries Counseling & Consulting Services

NOTICE OF PRIVACY PRACTICES Effective December 1, 2014

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR OFFICE.

About this Notice

We understand and respect your privacy. We are required by law to maintain the privacy of Protected Health Information. We are required to notify you of our legal duties and privacy practices with respect to Protected Health Information. We are also required by law to notify you following a breach of unsecured Protected Health Information. We are required to adhere to the terms of this notice. We will handle your Protected Health Information only as allowed by state and federal law and according to this practice's policies.

If at any point in time you feel your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services.

To file a complaint with us, contact our office at the following address: Privacy Officer, PO Box 292965, Nashville, TN 37229. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/ for more information. There will be no retaliation against you for filing a complaint.

What is Protected Health Information?

Protected Health Information is information that individually identifies you and that we create or get from you or from another healthcare provider, a health plan, a public health authority, your employer, life insurer, school or university, or a healthcare clearinghouse and that relates to (1) you past, present or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present or future payment for your mental health care.

- You have the right to inspect or to request copies of your medical record. You must make this request directly to JC&C. This right is not an absolute. In some situations, such as if access could cause harm, we can deny your request. If denied, you will be given a timely, written notice of that decision and the reason for that decision. A copy of the notice will become part of your record.
- You have a right to request an amendment of your medical record if you believe the information in the record is inaccurate or incomplete. You must make this request to your provider. We may deny the request for appropriate reasons. You will be provide a written copy of the denial.
- You have the right to receive an accounting of JC&C disclosures of your protected information that were not for the purposes of treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given the names of anyone other than employees of JC&C that received information about you from JC&C.
- You have the right to request from JC&C a restriction regarding the use or disclosure of your protected health information. We will give this request serious consideration, and you will be promptly informed whether we can honor the requested restriction while continuing to offer effective services, receive payment, and maintain health care operations. We are not legally required to agree to any restrictions. If we agree to do so, we are bound by the agreement except under certain emergency circumstances.



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- You have the right to obtain a paper copy of this Privacy Notice at any time upon your request. You can obtain a copy of this Notice at our website: <http://www.urmentalhealth.org>

How We May Use or Disclose Your Protected Health Information

Upon signing the JC&C consent form and financial agreement, you are allowing us to use and disclose necessary information about you within the practice and with business associates in order to provide treatment/service, receive payment of provided treatment/service, and conduct day-to-day health care operations.

We use your Protected Health Information in the following ways:

- **For Treatment.** We may use and disclose Protected Health Information to provide mental health services and to manage and coordinate your care with other professionals. In daily health care operations, trained staff may handle your physical medical record in order to prepare it for your provider's use.
- **For Payment.** We may use and disclose Protected Health Information for filing or to obtain information used for billing purpose so that we can bill for the services you receive from us and so that we can collect payment from you, an insurance company, or another third party. If a bill is overdue we may need to give Protected Health Information to a collection agency to the extent necessary to help collect the bill, and we may disclose an outstanding debt to credit reporting agencies.
- **For Emergencies.** We may use or disclose information about you in an emergency situation. In the event that this occurs, we will notify you as soon as reasonably possible.
- **Appointment Reminders.** We may use and disclose the Protected Health Information to contact you to remind you that you have an appointment.
- **Minors.** We may disclose the Protected Health Information of non-emancipated minor clients to their parents or legal guardians unless such disclosure is otherwise prohibited by law.
- **To Avert a Serious Threat to Safety.** We may use and disclose Protected Health Information when necessary to prevent a serious threat to you or the safety of others. We will only disclose the information to someone who may be able to help prevent the threat.
- **Data Breach Notification.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your Protected Health Information.

Other Uses and Disclosures of Your Information by Written Authorization

JC&C is required to obtain your authorization to use or disclose your Protected Health Information for any reason other than for treatment/services, payment, or other health care operations, and those specific circumstances outlined previously. We use an authorization form that specifies what information will be provided to whom, and for what purposes. You or your legal representative must sign the form. You have the right to revoke the authorization at any time by submitting a written statement as such unless we have acted on the request.

Changes to This Notice

The effective date of this Notice is stated at the beginning. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any



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PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website www.urmentalhealth.org.

Your signature below indicates that you have received and read this Privacy Notice

Printed Name

Signature

Date