

BLAZAK COUNSELING

(585) 750-4772

NOTICE OF PRIVACY PRACTICES (HIPAA)

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.

Privacy is a very important concern for all those who come to our office. This Notice of Privacy Practices describes how we protect your personal health information, tells how we may use and disclose your clinical information, and explains certain rights you have regarding this information. We are providing you with this notice in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and will comply with the terms as stated. We will obey the rules of this notice as long as it is in effect, but if we change it we will post an updated copy on our website under the “Forms” page at www.blazakcounseling.com. Our administrative assistant will also have copies in her office that are available upon request. When you come to our office she will, as the law requires, ask you to sign a form indicating that you have read and understood this notice.

How we use and disclose your personal health information (PHI):

We protect your personal health information from inappropriate use and disclosure. Your information is obtained in the course of providing services for you and is related to your medical records, counseling visits, and payment information. We will not disclose any personal health information without your written authorization, unless such disclosure is permitted or required by law.

The law permits us to disclose your health information without a signed authorization from you when we are using it to provide you with your mental health care. For example, we use your clinical information to plan your care, to decide how well your counseling is working, when we talk with other professionals who are also treating you, for teaching and training other counseling professionals, and for mental health research.

How your protected health information can be used and shared:

When your information is read by anyone, in the law that is called “use.” If the information is shared with or sent to others outside this office, in the law that is called “disclosure.” Except in some special circumstances, when we use your PHI here or disclose it to others, we share only the minimum necessary for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared), and so, your counselor will tell you more about what we do with your information.

Uses and disclosures of PHI in health care with your consent

After you have read this Notice you will be asked to sign a separate consent form to allow Canandaigua Lake Counseling Services to use and share your personal health information. In almost all cases, we generally use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called health care operations.

Treatment and Care Management

We need information about you to provide care to you. You agree to let me collect the information and to use it and share it to care for you properly. Therefore you must sign the Consent form before your counselor begins to treat you, because if you do not agree and consent we cannot treat you.

Health information about you may be used or disclosed to assist treatment by health care providers. This would include treatment provided to you by me, and coordinating your care with other health care providers such as physicians, hospitals, or nursing homes. For example, your counselor may refer you to other health-care or medical professionals or consultants for services he/she cannot provide. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions, and those will go into your records at Canandaigua Lake Counseling Services. If you receive treatment in the future from other professionals, or have received information from them in the past, we can also share your health information with them upon your signature on a separate consent to release document.

Payment

Canandaigua Lake Counseling Services may use your information to bill you, your insurance, or others so we can be paid for the treatments we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes your counselor expects in your condition. We will need to tell them about when we met, your progress, and other similar things.

Health Care Operations

Health information may be used and disclosed to carry out health care operations, which includes using your health information to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identifying information will be removed from what we send.

Information may be disclosed to a law enforcement agency to respond to a subpoena, to help identify or locate a suspect or missing person, or to provide information about a victim of a crime. Information may also be shared for certain types of public health efforts involving communicable diseases. In addition, information may be disclosed to the appropriate governmental authorities to avoid a serious threat to your health and safety or that of another person or the public, or when there is reason to suspect neglect, abuse or domestic violence. Information will also be shared about a deceased person when necessary with coroners, medical examiners, funeral directors or with organizations involved with organ, eye or tissue donations.

To individuals involved in your care. Your health information may be disclosed to a family member, other relative or close personal friend assisting you in receiving or obtaining payment for health care services. We will disclose your health information to these individuals only if you tell me to do this or if your counselor can reasonably infer that you do not object. We may also disclose your health information to disaster relief organizations such as the Red Cross to assist your family members or friends in locating you or learning about your general condition in the event of a disaster.

Appointments, Information or Services. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you. We may also use or disclose your health information for judicial or administrative proceedings, for specialized government functions, for workers' compensation or similar purposes. If you have a preference of method or location to be contacted, please let our administrative assistant know.

Business Associates. There are some tasks we may hire other businesses to do for me. Examples include our administrative assistant, and a bookkeeper. These business associates need to receive some of your health information to do their jobs properly. To protect your privacy, they agree in their contract with Canandaigua Lake Counseling Services to safeguard your information.

Obtaining Your Authorization for Other Uses and Disclosures

Canandaigua Lake Counseling Services will not use or disclose your health information for any purpose not specified in this Notice of Privacy Practices unless we obtain your express written authorization to do so. If you give us your authorization, you may revoke it at any time in writing, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization in providing services. Your counselor may refuse to enroll or continue to provide services to you if you decide not to sign an authorization form.

Your Rights Regarding Your Health Information

Right to Inspect and Copy. You have the right to inspect and/or request a copy of personal health information about you that we maintain and that we may use in making decisions about your care. Your request should describe the information you want to review. In limited circumstances, you may not be able to review or copy certain information. These include counseling notes, or information collected in anticipation of a claim or legal proceeding. If your counselor determines that reviewing your records may cause substantial and identifiable harm to you or others; or would have a detrimental effect on your treatment, on our professional relationship, or on your relationship with parents, guardians, spouses, or children, we may deny access to your records. A client over the age of twelve may be notified of any request by a qualified person to review his or her record, and if the client objects to the disclosure, we may deny the request for access.

Right to Request Amendments. You have the right to request changes to any health information that Canandaigua Lake Counseling Services maintains about you if you state a reason why this information is incorrect or incomplete. Your counselor may not agree to make the changes you request. If your counselor does not believe the changes you requested are appropriate, he/she will notify you in writing how you can have your objection to we decision included in our records.

Right to an Accounting of Disclosures. You have the right to receive a list of disclosures of your health information that have been made by me. The list will not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period for which you want this list, which can be no longer than, and may not include dates of five years prior to the request date.

Right to Request Restrictions. You have the right to request restrictions on the ways in which we use and disclose your health information for treatment, payment and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. We reserve the right not to agree to the restrictions you request.

Right to Request Confidential Communications. You have the right to ask us to send health information to you in a different way or at a different location if you believe that you may be endangered by our ordinary form of communication. You must state in your request that you believe you will be endangered by our ordinary form of communication but you do not have to explain why you believe this is the case. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests.

Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice of Privacy Practices at any time. You may receive a paper copy even if you have previously requested to receive this Notice electronically. Paper copies are provided at the administrative assistant's desk. You may also print out a copy of this Notice by going to our website at www.blazakcounseling and clicking "Forms."

Uses and disclosures where you have an opportunity to object

If Canandaigua Lake Counseling Services wants to use your information for any purpose besides those described above, we need your permission on a release of information form. If you do authorize me to use or disclose your health information, you can cancel that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to.

Occasionally, with your permission and if we determine this to be helpful to your care, we can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about whom you want me to tell what information about your condition or treatment. You can tell your counselor what you want, and we will honor your wishes, as long as it is not against the law.

If it is an emergency or you are in crisis, so that we cannot ask if you disagree, we can share information if we believe that this is what you would want and if we believe it will help you if we do share it. If we do share information in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, so long as it is not against the law.

If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to our administrative assistant, or your counselor. If you have a problem with the way your health information has been handled, or if you believe your privacy rights have been violated, contact us. You have the right to file a complaint with Canandaigua Lake Counseling and with the Secretary of the Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

Please review Blazak Counseling's Billing and Disclosure Agreement form. By signing where indicated on the Billing and Disclosure Agreement, you agree that you have read and understand both documents, and agree to our policies.