This notice describes how medical information about you may be used and disclosed, and how you can access this information.

This Notice of Privacy Practices describes how we use and disclose your protected health information (PHI) to carry out treatment payment or health care operation (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control our protected health information. “Protected health information” is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information:
Your protected health information may be used and disclosed by your counselor, our office staff and other outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of our services, and any other required by law.

Treatment:
We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your health information may be provided to a physician, to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you.

Payment:
Your protected health information will be used as needed, to obtain payment for your health care services. For example, obtaining approval for a service may require that your relevant protected health information be disclosed to the health plan to obtain approval for our services.

Healthcare Operations:
We may disclose, as needed, your protected health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities. Employee review activities, training of students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to school students that see clients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your counselor. We may also call you by name in
the waiting room when your counselor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may use or disclose your protected health information in the following situations without your authorization. These situations include: as REQUIRED BY LAW, PUBLIC HEALTH issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration's requirements: Legal Proceedings: Law Enforcement: Required Uses and Disclosures: Under Law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500.

YOUR RIGHTS:
THE FOLLOWING IS A STATEMENT OF YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the right to:
Inspect and copy your protected health information. There is a fee for copies of records. Under Federal law, however, you may not inspect or copy the following records: physiotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that part of your protected health information not be disclosed to family members or friends who may be involved in your case or for notification purposes as in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your counselor is not required to agree to a restriction that you may request. If your counselor believes it is in your best interest to permit use and disclosure of your health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

Request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

To have you counselor amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Receive an accounting of disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.
To Ask for Help or File a Complaint:
You have the right to complain to POCCS and/or the United State Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint you will not be retaliated against in any way. If you have questions want more information or want to report a problem about the handling of your PHI, you may contact:

Pend Oreille County Counseling Services
Carla Shirley, Compliance Coordinator
105 S. Garden Avenue
Newport, WA 99156-5055
(509) 447-5651, 1(800) 404-5151 Toll Free, (509) 447-0480 TDD, (509) 447-2671 Fax

Other Permitted and Required Uses ad Disclosures:
Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to object unless required by law.

Ability to Revoke Authorization:
You may revoke this authorization, at any time, in writing, except to the extent that your counselor or the Counselor’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.