

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on October 1, 2022

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. WOOLF COUNSELING'S PLEDGE REGARDING HEALTH INFORMATION:

Woolf Counseling understands that health information about you and your health care is personal. Woolf Counseling and its employees are committed to protecting health information about you. A record of the care and services you receive at Woolf Counseling is created utilizing a HIPAA compliant electronic health record system. This record is required to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which Woolf Counseling may use and disclose health information about you. It also describes your rights to the health information kept about you, and describes certain obligations Woolf Counseling has regarding the use and disclosure of your health information.

Woolf Counseling and its clinicians are required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of legal duties and privacy practices of Woolf Counseling, with respect to health information.
- Follow the terms of the notice that is currently in effect.
- The terms of this Notice can be changed by the agency at any time, and such changes will apply to all the information the agency has about you. The new Notice will be available upon request, in Woolf Counseling's office, and on woolfcounseling.com.

II. HOW YOUR PHI MAY BE USED AND DISCLOSED BY WOOLF COUNSELING AND ITS EMPLOYEES:

The following categories describe different ways that your health information may be used and disclosed. Each category of uses or disclosures will be explained, with examples. Not every use or disclosure in a category will be listed. However, all of the ways Woolf Counseling and its employees are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Woolf Counseling may also disclose your PHI for the treatment activities of any health care provider. This too

can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. Woolf Counseling and its employees may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, Woolf Counseling may disclose health information in response to a court or administrative order. Woolf Counseling may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** Woolf Counseling clinicians keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For agency/clinician's use in treating you.
 - b. For agency/clinician's use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For agency's/clinician's use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate agency's/clinician's compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** Woolf Counseling and its employees will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if a review is requested from you with a plan to share the review publicly online or elsewhere to advertise specific clinician's services or Woolf Counseling, you will be provided a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," Woolf Counseling will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, Woolf Counseling and its employees will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request sent via the email address cherity@woolfcounseling.com or via certified mail to PO Box 50824, Idaho Falls, ID. 83405. Once your written withdrawal of consent has been received, your review will be removed from the agency website and from any other places where it has been posted. Woolf Counseling and its employees cannot guarantee that others who may have copied your review from the agency website or from other locations will also remove the review. This is a risk that you need to be aware of, should you give permission to post your review.
3. **Sale of PHI.** Woolf Counseling and its employees will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, Woolf Counseling and its employees can use and disclose your PHI without your Authorization for the following reasons. Certain legal conditions have to be met before your information can be shared for these purposes:

1. Appointment reminders and health related benefits or services. The agency may use and disclose your PHI to contact you to remind you that you have an appointment. The agency may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that are offered at Woolf Counseling.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although the agency and its employees prefer to obtain an Authorization from you before doing so if it is allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell me the agency it may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to certain PHI not to use or disclose for treatment, payment, or health care operations purposes. Woolf Counseling and its employees are not required to agree to your request, and deny the request if it is clinically determined it would negatively affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How PHI is Sent to You. You have the right to request that you be contacted in a specific way (for example, home or office phone) or to send mail to a different address, and Woolf Counseling and its employees will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information in your records. You will be provided with a

copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. You may be charged a reasonable cost based fee for doing so.

5. **The Right to Get a List of the Disclosures Made.** You have the right to request a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you request be made by the agency or its employees). Your request for an accounting of disclosures will be responded to within 60 days of receiving your request. The list provided to you will include disclosures made in the last six years unless you request a shorter time. The list will be provided to you at no charge, but if you make more than one request in the same year, you will be charged a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that the agency correct the existing information or add the missing information. The agency may say “no” to your request, but will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. **The Right to Choose Someone to Act For You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. **The Right to Revoke an Authorization.** You have the right to revoke an authorization at any time before the identified expiration date listed on the authorization. To revoke an authorization you must complete and sign the revocation section on the consent form. You may also opt to write a letter requesting the authorization, identified by who the release was for and the date it was originally signed, be revoked on a specific date and time. The written request must be signed, dated, time stamped, and either have witness signature and date provided by an agency employee or be notarized.
10. **The Right to Opt out of Communications and Fundraising from our Organization.** You may opt out of communication from the agency. The request must be made in writing and will not pertain to billing or information that must be communicated for safety or health reasons.
11. **The Right to File a Complaint.** You can file a complaint if you feel the agency or its employees have violated your rights by contacting the director using the contact information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. You will not be retaliated against for filing a complaint.

VII. CHANGES TO THIS NOTICE

The terms of this Notice can be changed at any time by the agency, and such changes will apply to all the information the agency has about you.. The new Notice will be available upon request, in the agency office or on the agency website.