

Reflections Counseling
2955 McKinley Highway, Suite C, South Bend IN 46615
Phone: 574.222.2466 Fax: 574.222.2468

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review it carefully.

Purpose: This notice explains how Reflections Counseling may use or disclose your health (medical) information, and about your rights and Reflection's obligations under federal and state law to protect the privacy and confidentiality of your health information. If you have any questions regarding this Notice of Privacy Practices please contact the Reflection's Privacy Officer (contact information is at the end of this notice).

Summary of Privacy Practices

- We may use and disclosure your health information, without your permission, for treatment, payment, and healthcare operations activities, and when required or authorized by law for public health and interest activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions, including disaster relief situations.
- We may disclose your health information to your family members, friends, and others you involve in your healthcare or payment for healthcare, unless you tell us not to.
- We will not otherwise use or disclose your health information without your written authorization.
- You have the right to examine and receive a copy of your health information, to receive an accounting of certain disclosures we may make of your health information, and to request that we amend, further restrict the use and disclosure of or communicate in confidence with you about your health information Please review this entire notice for details about the uses and disclosures we may make of your health information, about your rights and how to exercise them, and about complaints regarding them or about additional information about our privacy practices.

Our Legal Duty

- We are required by applicable state and federal law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the practices that are described in this notice while it is in effect. The notice takes effect June 1, 2013, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at anytime, provided such changes are permitted by applicable law.
- We reserve the right to change our privacy practices and the terms of this notice at any time as permitted by applicable law, and make such changes effective for all health information we maintain, including health information we created or received before we made the changes. We will change this notice and make a new notice available to you before we make any significant changes to our privacy practices.
- You may request a copy of this notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us (contact information is at the end of this notice).

Uses and Disclosures of Health Information

- Treatment: We may use your health information, without your permission, to treat you, which includes our evaluation and diagnostic services. We may also disclose your health information to a physician or other healthcare provider for your treatment, including coordinating your care with other providers, health plans, and in consultation with other providers related to your care; and, if we refer you to other providers for care.
- Payment: We may use and disclose your health information, without your permission, to obtain or provide reimbursement for healthcare services we provide you, including submitting claims to health plans, other insurers, or others. These payment activities may include determining your eligibility for health services, demonstrating the medical necessity of the services we provide to you, and obtaining pre-authorization to

provide you with healthcare services.

- Operations: We may use and disclose your health information, without your permission, for healthcare operations. Healthcare operations include, for example: healthcare quality assessment and improvement activities; healthcare provider licensing and certification; conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention; and, business planning, development, and management.
- We may disclose your health information to a health plan or another healthcare provider who is subject to federal privacy protection laws, as long as the provider or health plan has a relationship with you and the health information is for that provider's or health plan's healthcare quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization

- You may give us written authorization to use or disclose your health information to anyone for any purpose. If you give us written authorization, you may revoke it at any time. The revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your health information for any purpose other than those described in this notice.

Family, Friends, and Others Involved in Your Care

- We may disclose your health information to a family member, friend, or any other person you involved in your healthcare or payment for healthcare. We will disclose only the health information relevant to the person's involvement. Before we make such a disclosure we will give you an opportunity to object. If you are not present or are incapacitated or it is an emergency situation, we will use our professional judgment to determine whether disclosing your health information is in your best interest under the circumstances.
- We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or privacy agency to locate and notify, a person responsible for your healthcare in appropriate situations, such as an emergency or during disaster relief efforts.

Health-related Products or Services

- We may use your health information to contact you to provide appointment reminders and to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

Public Health and Benefit Activities

- We may use and disclose your health information, without your permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research, and other public benefit functions:
- For public health, including to report disease and vital statistics, child abuse, adult abuse, neglect or domestic violence;
- To avert a serious and imminent threat to health and safety;
- For healthcare oversight, such as state licensing and peer review authorities, and fraud prevention enforcement agencies;
- For research (where additional privacy protections are in place);
- In response to court and administrative orders and other lawful purposes;
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons;
- To coroners, medical examiners, funeral directors, and organ procurement organizations;
- To the military, to federal officials for lawful intelligence, counter-intelligence, and national security activities; and, to correctional institutions and law enforcement regarding persons in lawful custody; and,
- As authorized by state worker's compensation laws.

Your Rights

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- Access: You have a right to examine and receive a copy of your health information, with limited exceptions. You should submit your request to the Reflection's Privacy Officer (contact information is provided at the end of this notice), who will provide you with a form to complete. There may be a reasonable, cost-only fee charged for copies.
- Disclosure Accounting: You have the right to a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations, as authorized by you, and for certain other activities. You should submit your request to the Reflection's Privacy Officer, who will provide you with a form to complete. We are not required to provide you with a list of disclosure instances that occurred six or more years before the date of your request. If you request an accounting more than once in a twelve month period, we may charge you a reasonable, cost-only fee for the additional requests.
- Amendment: You have the right to request that we amend your health information. You should submit your request to the Reflection's Privacy Officer, who will provide you with a form to complete. You will need to explain why the information should be amended. We may deny your request only for certain reasons; if we deny your request we will provide you with a written explanation. If we accept your request, we will make your amendment part of your health information and use reasonable efforts to inform others who we know may have to rely on the information (if reliance on the amended information would be to your detriment) and others you want to receive the amendment.
- Restriction: You have the right to request that we restrict our use or disclosure of your health information for treatment, payment or healthcare operations, or with family, friends, or others you identify. You should submit your request to the Reflection's Privacy Officer, who will provide you with a form to complete. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law.
- Confidential Communications: You have the right to request that we communicate with you about your health information in confidence by alternative means or to alternative locations that you specify. You should submit your request to the Reflection's Privacy Officer, who will provide you with a form to complete. We will accommodate your request if it is reasonable; we will not ask you to explain the reason for your request.
- Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive it in written form. Please contact the Reflection's Privacy Officer to request a written copy.

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact the Reflection's Privacy Officer. If you are concerned that we may have violated our privacy rights, or if you disagree with a decision we made about access to your health information (including our response to a request you made to amend, restrict the use and disclosure of, or communicate in confidence about your health information), you may also submit a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Voice Phone (312) 886-2359, FAX (312) 886-1807, or online at www.hhs.gov/ocr/privacy/hipaa/complaints/.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the Office for Civil Rights.

Privacy Officer Contact Information

Name: Dr. Heather Holleman
Reflection's Counseling
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South Bend IN 46615
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