

Notice of Privacy Practices

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

Our Legal Duty

HIPAA (Health Insurance Portability and Accountability Act of 1996) is a federal law that requires us to:

- Maintain the privacy of your protected healthcare information (PHI),
- Give you notice of our legal duties and privacy practices, and
- Give you notice of your rights regarding your healthcare information.

We will obey the rules of this notice as long as it is in effect, but if we change it, the rules of the new policy will apply to all the healthcare information we maintain. This is a simplified version of the policy.

Privacy Practice

The three Uses and Disclosure of Health Information - we share only the minimum necessary for the purpose.

- Routine Purposes – you will sign a Consent Form for us to use and disclose your information for:
 - Treatment:
 - Our treatment with you.
 - Emergencies – we can share information if it is what we believe you would have wanted and we will inform you as soon as possible.
 - Payment:
 - Billing you.
 - Billing insurance companies.
 - Billing other responsible parties.
 - Operations:
 - Appointment reminders.
 - Other Benefits and Services.
 - Research.
 - Business Associates.
- Requiring Authorization – You will sign an authorization form for these special uses and disclosures to:

- Other persons involved in the treatment of you for this concern, and Your Primary Care physician.
- With your verbal permission, we can share with family members that are directly involved in your treatment.

You can also revoke these authorizations at any time.

- Mandatory – These are the times when you won't give explicit authorization for use and disclosure.
 - When required by law, for example:
 - Suspected child abuse,
 - Your life is in danger,
 - Another person's life is in danger,
 - Court order.
 - For law enforcement purposes, or for national security.
 - For public health activities.
 - For specific government functions.

Client's Rights

To exercise the rights, please submit your request in writing to JLS Counseling.

- Access - You have the right to review or get copies of your healthcare information, some limited exceptions and fees may apply. We may charge a reasonable fee for copies.
- Disclosure Accounting - A record of the non-routine disclosures will be kept in your file and you have a right to receive a list of these disclosures.
- Restrictions - You have the right to request additional restrictions on disclosure and use of your information for treatment, payment and operations. We do not have to agree to this request.
- Amendment - You have the right to request that we amend your healthcare information if you believe it is incomplete or incorrect. We do not have to agree to this request.
- Paper Copy of this Notice – If you ever want a copy of this notice, you have that right.
- Confidential Communications – You have the right to request that we communicate confidential matters to you in a certain way or a certain location.
- Questions and complaints – You have the right to ask questions, get more information or make complaints about our privacy practices.
 - If you have any questions regarding this privacy policy, please talk to your therapist.

- You can also make complaints to the Secretary of Health and Human Services, 200 Independence Ave, Washington, DC, 20201 or by calling 202-619-0257. We will not retaliate against you for filing a complaint.

Effective Date December 2024