

NORTHLAND CHRISTIAN COUNSELING CENTER

Notice of Privacy Practices

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.

This privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

I. Uses and Disclosures of Protected Health Information

Northland Christian Counseling Center (NCCC) may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless NCCC has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

- A. 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 with a third party for treatment purposes. For example, we may disclose your protected health information to physicians who may be treating you or consulting with NCCC with respect to your care.
- B. Payment:** We may use and disclose protected health information about you so that the treatment and services you receive from NCCC may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may disclose protected health information to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. We may also disclose client information to another provider involved in your care.
- C. Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of NCCC’s practice. Examples of these activities include but are not limited to: quality assessment activities, employee review activities, training programs, accreditation, certification, licensing or credentialing activities, and review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities.
- D. Other Uses and Disclosures:** As part of treatment, payment, and health care operations, we may also use or disclose your protected health information to: keep you informed about appointments; program information, and benefits and services that may be of interest to you; call you by name in the waiting room when your counselor is ready to see you; or to contact you to raise funds for NCCC or an institutional foundation related to NCCC. If you do not wish to be contacted regarding fund raising, please contact our Privacy Officer.

II. Uses and Disclosures beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following: as required by law; for public health activities; victims of abuse, neglect or domestic violence; health oversight activities; for judicial and administrative activities; for law enforcement purposes; regarding decedents; for cadaveric, organ, eye and tissue donation purposes; for research purposes; to avert a serious threat to health or safety; for specialized government functions; correctional institutions; for workers’ compensation; or to share with our business associates who must abide by the same confidentiality requirements. Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel

at NCCC who may need access to your information must abide by this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

III. Uses and Disclosures Permitted without Authorization but with Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location or general condition.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interest for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures which you Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information.

- A.** You may inspect and obtain a copy of your personal health information in our possession for as long as we maintain the protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; protected health information that is subject to a law that prohibits access to protected health information; information obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonable likely to reveal the source of information; and information that is copyright protected. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. Please contact our Privacy Officer if you have questions about access to your medical records.
- B.** In other situations we may deny you access, but if we do, we must provide you a review of our decision denying the access. These "reviewable" grounds for denial include the following: a licensed health care professional has determined that the access is reasonably likely to endanger the life or physical safety of yourself or another person; the protected health information makes reference to another person (other than your health care provider) and your health care provider has determined that the access is reasonably likely to cause substantial harm to another person; the request is made by your personal representative and a licensed health care professional has determined that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. Please contact our Privacy Officer if you have questions about access to your medical records.
- C.** You may request a restriction on certain uses and disclosure of your information. Your request must state the specific restriction requested and to whom you want the restriction to apply. NCCC is not required to agree to the requested restriction, but if approved, we will abide by it except in an emergency treatment situation or as required by law. You may request a restriction by contacting the Privacy Officer.
- D.** You may request that we contact you about personal health care matters only in a certain way and at a certain location. We will accommodate reasonable requests. We may condition the accommodation by asking you for information about how payment will be handled or ask you to specify an alternate address or other method of contact.
- E.** If you feel that some information NCCC has created about you is wrong, you may ask to change that information. In certain situations, we may deny your request. We will notify you if we deny your request and tell you how to request a review of the denial. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendment(s).

- F. You have the right to request an accounting of certain disclosures of your protected health information made by NCCC. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a NCCC directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to January 1, 2011. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- G. You may request a paper copy of this notice even if you have already received a copy of this notice or have agreed to accept this notice electronically.

VI: Our Duties

Northland Christian Counseling Center is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. If NCCC changes its Notice, we will provide a copy of the revised Notice by sending a copy of the revised Notice via regular mail or through in-person contact.

VII: Complaints

You have the right to express complaints to NCCC and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to NCCC by contacting NCCC's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VIII: Contact Person

Northland Christian Counseling Center's contact person for all issues regarding client privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by NCCC you may submit a complaint to our Privacy Officer by sending it to:

Northland Christian Counseling Center
Attn: Privacy Officer
2315 Library Circle
Grand Forks, ND 58201

The Privacy officer may be contacted by telephone at 701-795-8550.

IX: Effective Date

This Notice is effective September 1, 2013.