Central Phoenix Counseling, LLC
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HIPAA Privacy Policy

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

****THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED/DISCLOSED AND ALSO HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION****

My commitment to your privacy: My practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). I am required by law to maintain the confidentiality of your PHI. This information includes individually identifiable information in your case file about your past, present, future health conditions, to provision of health care service to you, and payment for health care services.

- I may change my Privacy Policy at any time. However, before I make material revisions, I will change this notice and deliver the revised notice as required by law. The revised policy will be effective of all PHI that I maintain at that time.

How I may use or disclose your Protected Health Information (PHI): I have limited right to use or disclose your PHI for the purpose of treatment, payment, and health care operations.

- **Treatment.** I may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health professionals who provide you with health care services or are otherwise involved in your care.
- **Payment**. I may use and disclose your PHI to bill and collect payment for the services I provide you.
- **Health Care Services.** I may use and disclose your PHI in connection with the operation of my practice. This many include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

In the following situations, I may use and disclose, based on my professional judgement, a limited amount of your PHI, if you agree in writing, as long as the use and disclosure is not prohibited by law.

- I may share limited amounts of your PHI with family, friends, or others directly involved in your care or payment for your care.
- I may also share limited amounts of your PHI with the same people to notify them of your location, general condition, or death.

Your PHI may be used or disclosed without your permission in the following circumstances:

- To public health authorities and health oversight agencies that are authorized by law to collect information.
- Lawsuits and similar proceedings in response to a court or administrative order.
- If required to do so by law enforcement officials.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. I will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of the US or foreign military forces (including veterans) and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are an inmate or under custody of a law enforcement official.
- For Workers Compensation and similar programs.

These are your rights regarding your Protected Health Information (PHI):

- Communications: You can request that my practice communicate with you about your health and related issues in a particular manner or at a certain location. I must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.
- You can request a restriction in my use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that I restrict disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members and friends.
- You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including client medical records and billing records, but not including psychotherapy notes. You may subject your request in writing to my office. You may request for an amendment.
- You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. All complaints to me must be submitted in writing. I will not discriminate against you if you make a complaint.
- You have a right to provide an authorization for other uses and disclosures of your PHI. I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by law.
- I am not required to agree to any of your requests stipulated above, particularly if the law prevents acceptance. However, if I do agree, I am bound by our agreement except when otherwise required by law, or when the information is necessary to treat you.

If you have any questions regarding the foregoing notice or my health information privacy policies, please contact me. Please sign below to acknowledge your receipt of this information.

Acknowledgement of Receipt of HIPAA Privacy Policy

I, _____, acknowledge that I have received a copy of the HIPAA Privacy Policy of Lesley Isaak, MA, LPC.

This Privacy Policy describes how Lesley Isaak, MA, LPC may use and disclose my protected health information, certain restrictions on the use and disclosure of my health care information, and rights I may have regarding my protected health information.

I hereby authorize Lesley Isaak, MA, LPC to use and disclose my protected health information to carry out treatment, payment, or health care operations (as stated in the HIPAA Privacy Policy).

Client / Representative Signature _____ Date: _____

Parent / Guardian Signature _____ Date: _____
(if client is under 18 years old)