

Notice of Privacy Practices

Sojourners Rest Counseling, LLC (herein after referred to as "Provider")
3905 Vincennes Rd., Suite 303, Indianapolis, IN, 46268 317-471-3527

In accordance with Health Insurance Portability and Accountability Act (HIPPA) laws, this form explains how client(s) Protected Health Information (PHI) is used and how client(s) can get access to PHI. We are committed to protecting client confidentiality and will only release client PHI in accordance with federal and state laws and ethics of the counseling profession. All communications and all records relating to therapy services are confidential and may not be disclosed without Client's written consent, except in those situations in which state law mandates otherwise. The terms of this form apply to all records containing your PHI that are created or retained by Provider. Please review this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

YOUR RIGHTS: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records: You can ask to see or get a copy of your health and claims records and other PHI we have about you as long as we maintain it except for psychotherapy notes, information that will be used in a civil, criminal or administrative action or proceeding, and where prohibited by law. If you request a copy of your PHI, you must make your requests in writing to this office and we will respond to your request within 30 days of your request. You agree to pay a reasonable copying charge in accordance with state law. If we cannot respond to your request within 30 days, we will notify you to explain the delay and the date by which we will act on your request.

Ask us to correct health and claims records: You can ask us to correct your health and claims records if you think they are incorrect or incomplete. You can amend your PHI for as long as we maintain the information. However, we may say "no" to your request, but we'll tell you why in writing within 60 days. We may say "no" given the following circumstances: we did not create the information, the information is not part of the designated record set, the information would not be available for your inspection (due to its condition or nature), or the information is accurate and complete.

Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share: You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information: You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting us at our address listed on the top of this document. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a

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letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES: For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: 1) Share information with your family, close friends, or others involved in payment for your care 2) Share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* We will not share, sell, or trade your PHI to companies that market health care products or services to consumers for use by those companies to contact you unless you give us written permission to share your information.

OUR USES AND DISCLOSURES: We typically use or share your PHI in the following ways.

Help manage the health care treatment you receive: We can use your PHI and share it with professionals who are treating you such as your primary care physician. We may also seek consultation or supervision from other professionals. In those instances no identifying information about you will be shared.

Run our organization: We can use and disclose your information to run our practice, improve your care, and contact you when necessary.

Pay for your health services: We can use and share your PHI for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, reimbursement, and for collections purposes.

Administer your plan: We may disclose your PHI to your health plan sponsor for plan administration.

Help with public health and safety issues: We can share PHI about you for certain situations such as: preventing disease, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety. We can share your PHI to another provider in an emergency.

Do research: We can use or share your information for health research.

Work with a medical examiner or funeral director: We can share PHI with a coroner, medical examiner, or funeral director if an individual dies.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we will disclose your PHI to the correctional institution or law enforcement official. Except for disclosures to another provider for your treatment, the information disclosed will be limited to your contact information or physical characteristics.

Address workers' compensation, law enforcement, and other government requests: We can use or share PHI about you: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions: We can share PHI about you in response to a court or administrative order, or in response to a subpoena.

Drug or Alcohol Abuse Information: Because of federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission, except in very limited situations.

Medical Information of Minors: Under Indiana law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial

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parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.

Disclosures to You: Upon request by you, we may use or disclose your medical information in accordance with your request following the proper completion and signing of a release of information.

Business Associates: We will use and disclose your PHI to business associates contracted to perform business functions on its behalf. Whenever we have an arrangement with another company that involves the use of disclosure of your PHI, that business associate will be required to keep your information confidential.

OUR RESPONSIBILITIES: We are required by law to maintain the privacy and security of your protected PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

CHANGES TO THE TERMS OF THIS NOTICE: We can change the terms of this notice and the changes will apply to all information we have about you. If/when revisions are made to privacy practices, revisions will apply to past, present, and future records. Client(s) will be notified of significant changes to the privacy practices. The new notice will be available upon request.

If you have any questions, please contact our privacy officer, Phillips Hwang, at phillips@sorestcounseling.com or 317-471-3527.