

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. We are required by law to maintain the privacy of protected health information, and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer: Jordan Davis, Privacy Officer, 1524 NE 96th St. Suite C, Liberty, MO 64068, 816-379-3007.

This Notice of Privacy Practices describes how Northland Complete Counseling 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. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. We are required to abide by the terms for this Notice of Privacy Practices. We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we make can be effective for any health information that we have about you and any information that we might obtain. The current notice will be available to you, by request, at any appointment. You may request that a revised Notice be sent to you by mail. The current notice will be available to you on our website as soon as it is up and running.

1. USES AND DISCLOSURES OF MEDICAL INFORMATION THAT REQUIRES YOUR CONSENT:

You will be asked by your therapist to sign a form to consent to treatment. This form will contain a statement that you have received this Notice. Once you have signed this form, we will begin using and disclosing your protected health information, as described in this notice. If you do not give us permission to use or disclose your medical information, we do not have to treat you. Following are examples of the types of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

For Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and related services. For example, the information that you give to the therapist, may need to be discussed with a supervising therapist. In addition, we may provide limited protected health information to a medical doctor that you specify who becomes involved in your care by providing assistance with your health care, diagnosis, or treatment. The protected health information disclosed will be limited to the minimum necessary to treat you.

For Payment: Your protected health information may be used, as needed to obtain payment for your health care services. For example, we may use or disclose your protected health information to your insurance company about a service you received so that your insurance company can pay us or reimburse you for the service.

We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it. Information provided may include information that identifies you, as well as your diagnosis and the services you received.

For Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support Northland Complete Counseling operations. These include uses and disclosures that are

necessary to run our practice and make sure that our clients receive quality care. For example: We may make your medical records available to evaluate our staff's performance in caring for you. We may utilize a sign in sheet at the Front Desk which will identify you when you come for appointments. We may also call you by name in the waiting areas.

2. USES AND DISCLOSURES OF MEDICAL INFORMATION THAT DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Required by Law: We may use or disclose your protected health information as required by law or court order. The use or disclosure will be made in compliance with the law or order and will be limited to the relevant requirements of the law. Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. Northland Complete Counseling must also report sexual abuse or molestation of a child under 18 years of age to Family Services.

Legal Representative: Upon their request, we may disclose information to the parent of an unemancipated minor, the legal custodian, or to the legal guardian.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also release information to a Forensic Case Monitor who is assigned to monitor your Conditional Release.

Law Enforcement: We may use or disclose your information for law enforcement purposes. For example, if you are or may be the victim of a crime, and are unable to consent to disclosure of the information due to your incapacity or other emergency circumstance, we may disclose your information if we feel it is in your best interest.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

National Security: We may disclose your protected health information to authorized federal law enforcement officials or public health officers for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

Military: If you are a member of the armed forces, we may disclose your protected health information to military command authorities (or if foreign military personnel, to appropriate foreign military authorities).

Workers Compensation: If you file a worker's compensation claim, we may disclose your protected health information to Missouri Labor and Industrial Commission or the Division of Workers Compensation of the Missouri Department of Labor and Industrial Relations, your employer, you, and any other party to the proceedings.

Compliance: Under the law, we must make certain disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to the Office of Civil Rights to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

Department of Health and Senior Services: We may disclose information if your doctor feels that you meet the criteria for an eligible person and are in need of protective services.

3. PLANNED USES OR DISCLOSURES TO WHICH YOU MAY REQUEST RESTRICTION:

We will use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release in writing. You may direct your written objections or restrictions to our privacy officer.

Your Emergency Contact: We may contact the person you have listed as your “Emergency Contact” in the event of an emergency. We may also contact the person you have listed as your “Emergency Contact” in the event that we are unable to contact you and it has been clinically determined that we need to reach you to ensure appropriate treatment.

Other Persons: We may release health information about you to a friend and/or family member who is involved in your care. We can also give this information to someone who will help or is helping to pay for your care.

Appointment Reminders: We may use or disclose your health information to contact you and remind you that you have an appointment for treatment or medical care or that you have missed any such appointment.

Treatment Alternatives: We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.

Treatment Services: We may use and disclose your health information to inform you about health benefits or services that may interest you.

Disaster Relief: We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.

4. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. If you provide us with written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

5. YOUR RIGHTS

Your Medical record is the property of Northland Complete Counseling, but the information belongs to you.

You have the right to: Obtain the Notice of Privacy Practices

You have the right to obtain a paper copy of this Notice of Privacy Practices upon request.

Receive Confidential Communications:

You have the right to receive confidential communication of protected health information, as applicable, and to request communications of your health information by alternative means or at alternative locations. You have the right to receive information about your health in a certain form and location. For instance, you can request that we not contact you at work. To request confidential communications, you must make your request in writing to our privacy officer. If you request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing or other supplies.

Request Restrictions:

You have the right to request a restriction on certain uses and disclosures of your information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations, as described in sections 1 and 3 of this Notice. This notice became effective on October 1, 2019.

Your request must indicate (1) what information you want restricted; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the restrictions to apply. Your request must be submitted in writing to the agency’s Privacy Officer. We are not required to agree to a restriction that you may request. If

we do agree to the restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

Inspect and Copy Information:

You have the right to inspect and copy your health information that may be used to make decisions about your care. 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; and protected health information that is subject to law that prohibits access to protected health information.

If you request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing or other supplies.

If we deny access to any or all parts of your protected information, and depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

Right to Request Amendment:

You have the right to request that your health information be changed if you believe that it is incorrect or incomplete. You have a right to request changes for as long as the information is kept by Northland Complete Counseling. To request a change in your information, you must submit it in writing to our agency's privacy officer. In addition, you must give the reason that you want the information changed, including why you think the information is incorrect or incomplete.

We may deny your request for an amendment. We can deny your request if it is not in writing and if it does not include a reason why the information should be changed. We can also deny your request for the following reasons: (1) the information was not created by us, unless the person or entity that created the information is no longer available; (2) the information is not a part of the medical record kept by or for us; (3) the information is not part of the information that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete

If an amendment is granted, it will be maintained with your protected health information; however, the original information will be maintained as well.

Receive an Accounting of Disclosures:

You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions and limitations. You must submit your request in writing to the Privacy Officer. Your request must state the time period that may not be longer than six (6) years and may not include dates before October 1, 2019. You should include how you want the information reported to you, e.g. by paper, electronically, etc. You have the right to receive a free accounting every twelve (12) months. If you request more than one (1) accounting in a twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list. We will notify you of the charge for such a request and you can then choose to withdraw or change your request before any costs are incurred.

6. COMPLAINTS

If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting it in writing and sending it to Jordan Davis, Privacy Officer, Northland Complete Counseling, 1524 NE 96th St. Suite C, Liberty, MO 64068 and/or to the US Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Officer for further information about the complaint process.