



**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

“Protected health information” (hereafter referred to as PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. On A Journey Counseling Center understand that your PHI information is personal. We are committed to protecting your PHI and to sharing minimum necessary information required to accomplish the purpose. We create a record of the care and services you receive at each of our locations. This notice applies to all PHI compiled about you during your care with us. This Notice of Privacy Practices describes how we 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 (see in the body of the Notice). It also describes your rights to access and control your protected health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. Whenever there is an important or material change to the uses and disclosures of protected health information, we will promptly revise and make available this notice to you.

**I. Uses and Disclosures of Protected Health Information (PHI):**

**Authorization:** Except as explained below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing a use or disclosure. Even if you authorize us to use or disclose your PHI, you have the right to revoke or terminate that authorization at any time. We will consider your request, but are not required to agree to restrict the information, depending upon the circumstances.

**Uses and Disclosures of Protected Health Information:** When you come into our agency there are many forms that you will need to complete and data that you will provide. We are required to compile much of this information by payer sources. Your protected health information may be used and disclosed by our agency, our office staff and our business associates outside of our office that are involved in your care and treatment for the purpose of providing services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of OAJCC. Following are examples of the types of uses and disclosures of your protected health care information that we will 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.

If there is a Breach (unauthorized release) of your Protected Health Information you will be notified by OAJCC. We will provide you with the cause of the breach, actions taken by On A Journey Counseling Center to prevent another such action.

- 1. Treatment:** On A Journey Counseling Center will use and may disclose your protected health information to provide, coordinate, or manage your health care and any related services. An example of treatment would be OAJCC consulting with another health care provider, such as your family physician or another therapist so we can ensure the best possible outcomes from your care.
- 2. Payment:** Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain activities that your health insurance plan or service payment source may undertake before it approves or pays for the health care services we recommend for you, for example: to obtain reimbursement for your health care or to determine eligibility.
- 3. Healthcare Operations:** We may use or disclose, as-needed, your protected health information for activities that relate to the performance and operation of OAJCC. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services. In certain situations, we may also disclose client information to another provider or health plan for their health care operations so they may provide continuity of care and/or assist with treatment for you. The law now gives us the right to do this without obtaining your signed release, but we would like to obtain your approval to release your protected health information first, unless it is an emergency situation.
- 4. E-Mailing of Your PHI:** OAJCC may transmit all or part of your PHI by unencrypted e-mails as a part of your continuum of treatment. However, this type of communications will only occur after the requesting individual is advised of the risk and still requests that form of communication.
  - 1. Other Uses and Disclosures:** As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: To remind you of an appointment; To inform you of potential treatment alternatives or options; To inform you of health-related benefits or services that may be of interest to you.

## **II. Uses and Disclosures that require that You are given the Opportunity to Agree or Object:**

1. **Others Involved in Your Healthcare:** We may use or disclose protected health information to your guardian or personal representative or any other person that is directly responsible for your care. If you are unable to agree or object, we may disclose such information as necessary if, based on professional judgment; it would be in your best interest. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
2. **Communication Barriers:** We may use and disclose your protected health information if we attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers that we cannot overcome and we determine, using professional judgment, that you intend to provide authorization to share information.

**III. Other Required Uses and Disclosures:** We are permitted or required to use or disclose your protected health information in the following situations without your authorization. These situations include:

1. **In Connection with Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
2. **For Law Enforcement Purposes:** We may disclose your protected health information in cooperation with law enforcement as defined by law.
3. **Business Associates:** We use business associates to help us provide some services, for example: we may contract with a company to submit our insurance claims. We may disclose protected health information to a business associate so that they can perform the function(s) we have contracted with them to do, and bill you or your third party payer (insurance company) for services rendered. To protect your PHI, however, we require the business associate to appropriately safeguard your information also.
4. **To Report Abuse, Neglect or Domestic Violence:** We may notify government authorities if we believe that a client is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when a client agrees to the disclosure.
5. **Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your protected health information if you are the subject of an investigation and your health information is not directly related to your receipts of health care or public benefits.

6. **In a Medical or Psychological Emergency:** We may disclose protected health information to direct medical service or mental health personnel if a medical or psychological emergency arises.
7. **When Legally Required:** We will disclose your protected health information when we are required to do so by law.
8. **Imminent Threat to Health or Safety:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
9. **Public Health:** Consistent with applicable federal and state laws, we may disclose your protected health information to health or legal authorities charged with preventing or controlling disease, injury or disability.
10. **Workers Compensation:** We may disclose protected health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
11. **Serious Threat to Health or Safety:** If I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.

**IV. Your Rights Regarding Protected Health Information:** Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI. We must respond to a written request for the release of PHI within 30 days of the request, with one 30-day extension. We may have to charge you for the cost of providing copies of your electronic PHI or paper PHI. The charges will be based on the cost to OAJCC, including labor, portable media and supplies. This cost will be in accordance with any applicable state laws. You may inspect and obtain a copy of protected health information about you that is contained in a designated record set. A "designated record set" contains PHI and billing records and any other records that we use for making decisions about you. If we perceive that providing you access to your record constitutes a danger to self or a danger to others, we can use our professional judgment regarding access. OAJCC is allowed to charge additionally for creating an Affidavit of Completeness.
2. **Right to Request Restrictions:** You have the right to request a restriction of your protected health information. This means 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. Specifically, we will not disclose information to your health plan that you have paid for out of pocket, unless the disclosure is required for treatment purposes or required by law. You may also request that any part of your case record not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply and must be made in writing. We are not required to agree to a restriction that you may request. If we

believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

3. **Right to Request Confidential Communications:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make this request in writing. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. We are not required to honor your request, but if we do not do so, we will explain in writing.
4. **Right to Amend:** You may have the right to amend your case record. This means you may request an amendment of the information in your record for as long as we maintain this information. This request must be in writing and provide a reason for the amendment. In certain cases, we may deny your request for an amendment
5. **Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. By law it excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame.
6. **Right to Obtain a Copy of This Notice:** You have a right to a hard copy upon request. You may also obtain a copy of this notice at our website [www.onajourneycounseling.com](http://www.onajourneycounseling.com).

**V. Complaints:** If you believe your privacy rights have been violated you may contact OAJCC at (615)549-5256 or by mail to On A Journey Counseling Center 907 Rivergate Parkway Suite A6 Goodlettsville, TN 37072. You may also write a letter to the Secretary of Health and Human Services. There will be no retaliation for reporting or filing a complaint.

**VI. Changes to This Notice:** We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for PHI information we already have about you as well as any information we receive in the future, in keeping with the law. Whenever there is an important change to the use and disclosures of protected health information, we will promptly revise and make available the revised Notice. We will also indicate on our facility postings that the notice has been revised.

**This Notice of Privacy Practices is Effective as of April 15, 2016 and only applies to**

**On A Journey Counseling Center.**