

TETON COUNSELING, LLC  
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## **Notice of Privacy Practices**

This Notice of Privacy Practices describes how Hope Counseling and Training Center, LLC may use and disclose your Protected Health Information (PHI) to carry out counseling or health care operations for the purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including information that relates to your past, present, or future, physical or mental health and related counseling services.

We are required to abide by the terms of our Notice of Privacy Practices. You may request a copy of the Notice of Privacy Practices at any time.

### **1. Uses and Disclosures of Protected Health Information (PHI) based upon your written Consent:**

You will be asked by your Counselor to sign a "Counseling Disclosure and Consent Form". Once you have signed the form, your counselor will use or disclose your information for the following:

- A basis for planning your counseling treatment plan. We may use and disclose your PHI to provide, coordinate or manage your counseling and any related service.
- A means of communication among other health and mental health professionals about a case. We may occasionally find it helpful to consult with other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our clients. The other professionals are also legally bound to keep the information confidential.
- Monitoring and review of cases by a Supervising Professional Counselor. The State of Ohio mandates that Professional Counselors be supervised by a recognized professional counselor.
- Administrative purposes such as scheduling, billing, and filing. Administrative staff is required to protect your privacy and not to release any information outside of the practice without the permission of a professional staff member.
- Disclosure of PHI is required by health insurance providers (See Financial Agreement)

### **2. Uses and Disclosures of PHI based upon your Written Authorization.**

Other uses of your PHI will be made only with your written Authorization, unless otherwise permitted, or required by law as described in the Disclosure Document. You may revoke Authorization in writing at any time, except to the extent that your Counselor has taken an action in reliance on the use or disclosure indicated in the Authorization.

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of your PHI, your Counselor may, use his/her judgment to determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your counseling care will be disclosed.

- *Others involved in your Health Care:* Unless you object, we may provide PHI to a family member, friend, or other individual whom you indicate is involved with your case. Retroactive consent may be obtained in emergency situations.
- *Emergencies:* We may use or disclose your PHI in emergency treatment situations. If this happens, your Counselor shall try to obtain your Consent as soon as reasonably practical after the delivery of the counseling. If your Counselor is required by law to treat you for an emergency situation and they have attempted to obtain your consent but are unable to do so at that time, they may still use or disclose your PHI for your care.

- *Communication Barriers*: We may use or disclose your PHI if your Counselor attempts to obtain consent from you but is unable to due to substantial communication barriers, and the Counselor determines, using his best judgment under the circumstances, that you intend to consent to use or disclosure of your information.
3. **Other Permitted and Required Uses and Disclosures that may be made without your Consent, Authorization or Opportunity to Object**
- *Required by Law*: We may use or disclose your PHI to the extent that it is required by law. This consent or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. You will be notified, as required, of any such uses or disclosures.
  - *Communicable Diseases*: We may disclose your PHI if authorized by law, to a person who may have been exposed to a communicable disease or condition.
  - *Health Oversight*: We may disclose your PHI to a health oversight agency for activities authorized by law such as investigations or 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.
  - *Legal Proceedings*: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of the court or administrative tribunal in response to subpoena, discovery request or other lawful process.
  - *Abuse or Neglect*: We may disclose your PHI to Public Health authorities that are authorized by law to receive reports of child abuse and neglect. In addition, we may disclose your PHI to the government entity or agency authorized to receive such information if we believe you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
  - *Law Enforcement*: Law enforcement purposes include 1) legal processes otherwise required by law, 2) limited information requests for identification and location purposes, 3) pertaining to victims of crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) in the event that a crime occurs on the property, and 6) medical emergency and it is likely that a crime has occurred.
  - *Criminal Activity*: We may disclose your PHI 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 or to identify or apprehend an individual.
  - *Military Activity and National Security*: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces Personnel 1) for activities deemed necessary by appropriate military command authorities, and 2) for the purpose of a determination of your eligibility benefits from the Dept. of Veterans Affairs. We may also disclose PHI to authorized Federal officials for conducting national security and intelligence activities.
  - *Workers' Compensation*: Your PHI may be disclosed by us as authorized to comply with Workers' Compensation laws and under similar legally established programs.

4. **Required Uses and Disclosures**

- Under the law, we must make disclosures to your when we are required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq

5. **Your Rights**

Following is a statement of your rights with respect to your PHI, and a brief description of how you may exercise these rights.

- *You have the right to see and receive a copy of your PHI*: This means you may see and receive a copy of your PHI contained in a designated record set that is kept in a secure environment. A designated record set contains Personnel Data Inventory (PDI) information and other records used for making decisions about you. Under Federal Law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in a reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding or any PHI that law prohibits access to. Depending on circumstances, a decision to deny access to PHI may be given and reasons for the denial will be given in writing by the Counselor.

- *You have the right to request a restriction of your PHI:* You have the right to ask that all or part of your PHI not be used or disclosed for your care. This may include family and friends involved in your care. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If the Counselor agrees to the restriction, the Counselor will abide by the restriction except in an emergency situation or if legally required by law. If the Counselor believes it is in your best interest to permit use and disclosure of your PHI, it will not be restricted.
- *You have the right to request to receive confidential communications from us by alternative means or at alternative locations.*
- *You have the right to have your Counselor amend your PHI:* If you feel there is an error in your PHI or that information has been omitted, it is your right to request a correction in writing. Hope Counseling and Training Center may deny your request if it is found that your PHI is 1) correct and complete, 2) forbidden to be disclosed by law, 3) information not a part of the records. You will receive information explaining your right to file a written objection to the denial. If you do not file a written objection to the denial, you still have the right to ask that your request be attached to any future disclosures of your PHI.
- *You have the right to receive an accounting of certain disclosures we have made:* This accounting shall include date of disclosure, the purpose and recipient of the information. This list will not include uses or disclosures to which you have already consented, i.e.; those for counseling, health care operations, authorized releases to those involved in your care.

## 6. **Complaints**

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by Teton Counseling, LLC. You may file a complaint by notifying Carey Ballinger, PC at 2727 Tuller Parkway, Suite 130, Dublin, OH 43017. Or, you can call the State of Ohio Marriage and Family, Social Worker, and Counselor Board.