



# Sacred Journey Counseling

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## **Health Insurance Portability and Accountability Act (HIPAA)** **Privacy Notice**

**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.**

When you receive treatment or counseling services from Sacred Journey Counseling, we will obtain and/or create “protected health information” (PHI) about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) the health care/counseling provided to you; and (3) the past, present, or future payment for your health care.

The following notice tells you about our duty to protect your PHI, your privacy rights, and how we may use or disclose your health information. In summary, your PHI will not be disclosed, except as permitted or required under federal law (42 CFR & 45 CFR), state law (Chapter 611 - Health and Safety Code), or as authorized in writing by you and/or your guardian, if applicable.

### **Sacred Journey Counseling’s Duties:**

The law requires us to protect the privacy of your PHI (protected health information). This means that we will not disclose any health information without your written authorization, except in the ways outlined in this notice. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information.

We will ask you for your written permission (authorization or consent) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your authorization, submit a written statement, signed by you, to your therapist.

We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We will ask you to sign an acknowledgement that you have received this notice. We can change the contents of this notice and, if we do, we will have copies of the new notice at our facility. The new notice will apply to all health information we have, no matter when we got or created the information.

Our employees must protect the privacy of your health information as part of their jobs. We do not let our employees see your health information unless they need it as part of their jobs. We will train employees accordingly and will discipline employees who do not protect the privacy of your health information.

**Sacred Journey Counseling may use and disclose PHI about you with your consent in the following circumstances:**

**Treatment.** Sacred Journey Counseling may use and disclose your PHI to provide, coordinate, or manage your health care and related services, including the disclosure of your PHI to health care providers outside of Sacred Journey Counseling. For example, we may use and disclose your PHI when referring you to another health care provider. We also may disclose your PHI to individuals who may be involved in your care after you leave Sacred Journey Counseling.

**Payment.** Sacred Journey Counseling may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, a Sacred Journey Counseling may share your PHI with your health plan(s) in order to request coverage and obtain payment approval prior to providing services to you (in non-emergency situations). Sacred Journey Counseling may send a bill to you or to a third-party payor, and this bill may include PHI such as your diagnosis and treatment services received. Sacred Journey Counseling also may share portions of your PHI, as necessary, with billing departments, insurance companies, and other health care providers.

**Health Care Operations.** Sacred Journey Counseling may use and disclose PHI to perform business activities – i.e., “health care operations.” This includes:

- ❖ Activities to improve health care, evaluating programs, and developing procedures;
- ❖ Treatment team consultation and supervision;
- ❖ Reviewing the competence, qualifications, performance of health care professionals and others;
- ❖ Business office functions, such as billing, aggregate data gathering, or other functions that assist counseling staff in managing administrative case duties;
- ❖ Conducting training programs;
- ❖ Resolving internal grievances;
- ❖ Conducting accreditation, certification, licensing, or credentialing activities;
- ❖ Providing professional review, legal services, or auditing functions; and
- ❖ Engaging in business planning and management or general administration.

**Minimum Necessary Standard.** When using or disclosing your PHI or when requesting your PHI from another covered entity, Sacred Journey Counseling will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- ❖ Disclosures to or requests by a health care provider for treatment;
- ❖ Uses or disclosures made to you;
- ❖ Uses or disclosures made pursuant to an authorization signed by you and/or your guardian (when applicable);
- ❖ Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- ❖ Uses or disclosures that are required by law; or
- ❖ Uses or disclosures that are required for Sacred Journey Counseling’s compliance with legal regulations.

**Substance Abuse Services.** If you receive substance abuse services from Sacred Journey Counseling, you have the highest level of privacy protection allowable by federal law (CFR 42). This law generally requires that Sacred Journey Counseling cannot disclose PHI that would identify you as a substance abuser or a patient of substance abuse services without your written consent. There are some exceptions to this requirement. Sacred Journey Counseling may use or disclose PHI that would identify

you as a substance abuser or a patient of substance abuse services without your consent or authorization as follows:

- ❖ Within Sacred Journey Counseling for activities related to the provision of substance abuse diagnosis, treatment, or referral for treatment;
- ❖ As required by a court order;
- ❖ To medical personnel in a medical emergency;
- ❖ To qualified personnel for research, audit, or program evaluation;
- ❖ To comply with State law mandating the reporting of suspected child abuse or neglect;
- ❖ To communicate with law enforcement personnel about a crime or threatened crime on the premises of Sacred Journey Counseling or against Sacred Journey Counseling personnel.

**Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission.**

**Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.**

**Communicable Diseases.** Sacred Journey Counseling will not disclose information about you related to testing for Human Immunodeficiency Virus without your specific written permission, unless the law requires us to disclose the information.

If you have one of several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), Sacred Journey Counseling will treat PHI about your disease as confidential and will disclose such PHI without your written consent only in limited circumstances as permitted or required by law.

**Sacred Journey Counseling will not use or disclose your health information without your consent or authorization, except as described in this Notice or as otherwise required by law.**

**Sacred Journey Counseling may use and disclose PHI about you without your consent or authorization in the following circumstances:**

In general, Sacred Journey Counseling is required by law to obtain your written consent or authorization prior to using or disclosing your PHI that does not identify you as a substance abuser or a patient of substance abuse services. However, there are exceptions to this requirement, as described below:

- ❖ **Treatment.** Within Sacred Journey Counseling, employees, students, consultants and volunteers involved in your case or treatment may exchange PHI as necessary for the purpose of carrying out their responsibilities in serving you. Upon specific request, your PHI may be released to the health care professional who referred you to Sacred Journey Counseling. A responsible professional at Sacred Journey Counseling may disclose your PHI, as necessary, to a physician or health care provider who provides you with emergency medical services.
- ❖ **Business Associates.** Sacred Journey Counseling may disclose your PHI to providers of support services who have entered into Business Associate agreements with Sacred Journey Counseling.

To protect your PHI, Sacred Journey Counseling requires the Business Associate to appropriately safeguard your information in accordance with a written agreement.

❖ Other Permitted Uses and Disclosures. In addition, Sacred Journey Counseling may use or disclose PHI that does not identify you as a substance abuser or a patient of substance abuse services without your consent or authorization as follows:

- To the State for certain purposes of research and evaluation, or for conducting general research or audits;
- To address a serious threat to health or safety. We may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm;
- For research. We may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential;
- In judicial and administrative proceedings. We may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it;
- To report known or suspected child abuse or neglect;
- For purposes of filing a petition for involuntary commitment or a petition for an adjudication of incompetency and the appointment of a guardian;
- Sacred Journey Counseling counsel or counsel for an employee of Sacred Journey Counseling, if such information is relevant to litigation, to the operations of Sacred Journey Counseling, or to the provision of services by Sacred Journey Counseling;
- For public health and health oversight activities. We will disclose your health information when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics;
- As necessary to comply with other State or federal law, including disclosure to the State and/or federal Department of Health and Human Services as necessary for a determination that Sacred Journey Counseling is in compliance with the federal privacy standards.

### **Your Privacy Rights at Sacred Journey Counseling:**

Although your health records are the physical property of the healthcare provider who completed them, you have certain rights with regard to the information contained therein.

1. You have the right to inspect and copy your PHI upon the submission of a written request. Again, this right is not absolute and in certain situations, Sacred Journey Counseling can deny access – for example, if a licensed health care professional believes that access to such information could cause harm to your physical or mental well-being. If Sacred Journey Counseling denies you access to your PHI, we will explain why and what your rights are, including how to seek review. If Sacred Journey Counseling grants access to your PHI, we will give you instructions on any additional steps, if needed, for you to have access to the information. Sacred Journey Counseling reserves the right to charge a reasonable fee for making copies of the requested PHI.
2. You have the right to request in writing amendment of your PHI. Sacred Journey Counseling may deny your request if:

- ❖ Sacred Journey Counseling did not create the record, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment.
- ❖ The records are not available for your access, as discussed above.
- ❖ The record is accurate and complete.
- ❖ The PHI that is the subject of your request is not maintained by or for Sacred Journey Counseling.

If Sacred Journey Counseling denies your request for amendment, we will notify you why and how you can submit a written statement disagreeing with the denial (which may be rebutted by Sacred Journey Counseling) and how you can complain to Sacred Journey Counseling about the denial.

If Sacred Journey Counseling grants the request, we will make the correction and distribute the correction to those who need it and those you identify to us (in writing) that you want to receive the corrected information.

3. You have the right to request how and where Sacred Journey Counseling contacts you about PHI. For example, you may request that we contact you at your work address or phone number. Your request **must** be in writing. Sacred Journey Counseling is required to accommodate all reasonable requests.
4. You have the right to obtain an accounting of certain disclosures by Sacred Journey Counseling of your PHI during the six years prior to the date of your request. However, Sacred Journey Counseling is not required to provide an accounting for:
  - ❖ Disclosures to persons involved in the individual's care or disclosures for other notification purposes as provided in § 164.510 of the HIPAA Privacy Rules (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).
  - ❖ National security or intelligence purposes under § 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object, see chapter 16).
  - ❖ Correctional institutions or law enforcement officials under § 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).
  - ❖ Disclosures of PHI made prior to the compliance date, April 14, 2003.
  - ❖ Disclosures of PHI made to carry out treatment, payment or health care operations;
  - ❖ Disclosures of PHI made to you about your own PHI;
  - ❖ Disclosures of PHI incidental to a permissible disclosure;
  - ❖ Disclosures of PHI made pursuant to your written authorization.

Sacred Journey Counseling must respond to the request for accounting within 60 days of the request by providing the accounting or by granting itself a one-time 30-day extension in which to provide the accounting. The accounting will include:

- ❖ Date of each disclosure
- ❖ Name and address, if known, of the organization or person who received the protected health information
- ❖ Brief description of the information disclosed

- ❖ Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written request for disclosure, where permitted by law.

Sacred Journey Counseling reserves the right to charge reasonable retrieval and copying fees.

5. You have the right to obtain a paper copy of this Notice at any time by contacting your assigned therapist. Sacred Journey Counseling will provide a copy of this Notice no later than the date you first receive treatment at the facility, except in emergency situations, and then Sacred Journey Counseling will provide the Notice to you as soon as reasonably practicable after the emergency treatment situation.
6. You have the right to revoke your consent or authorization to use or disclose health information in accordance with the instructions on the consent or authorization form, except to the extent that we have already acted in reliance on the consent or authorization.

**COMPLAINT PROCESS:**

If you believe that Sacred Journey Counseling has violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

Texas Department of State Health Service  
Substance Abuse Division  
1100 West 49th St.  
Austin, TX 78756  
800-832-9623

OR

US Department of Health and Human Services  
200 Independence Avenues, SW  
Washington D.C. 20201  
800-368-1019

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.

**Sacred Journey Counseling will not retaliate against you if you file a complaint.**