



## Notice of Privacy Practices

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.

### OUR COMMITMENT TO YOUR PRIVACY

Here at Revision Christian Counseling, LLC (Revision) we are committed to maintaining the privacy of your health information. While you are a patient with us, we will create records regarding you and the services you receive here. This can include information about your medical history, your current health, treatments you receive from us, about your payment for healthcare, as well as other kinds of information. We are required by federal law to protect the confidentiality of such health information when it identifies you.

### WHAT IS THIS DOCUMENT?

The Federal Health Insurance Portability and Accountability Act (HIPAA), requires us to provide you with this notice. In it we describe our legal duties and office practices for maintaining the privacy of your health information. This document also outlines your rights regarding your health information.

Please read the following information carefully. We are required by federal law to follow the terms of the Notice of Privacy Practices currently in effect.

### UNDER WHAT CIRCUMSTANCES MAY MY PROTECTED HEALTH INFORMATION BE USED AND DISCLOSED?

Below is a list of the reasons we may use or disclose your protected health information. To help your understanding, we have provided examples. These examples do not cover every situation in which a disclosure may be made, but we may not use or disclose your health information without your permission, unless it is for one of the following reasons:

1. **For Treatment:** Our practice may use or disclose your health information to treat you and to coordinate and manage your healthcare with others. For example, we may provide your information to another health care provider who is also treating you to assist their understanding of your history.
2. **For Payment:** Our practice may use or disclose your health information in order to bill and collect payment for services you receive from us. For example, we may contact your health insurer to certify you are eligible for a particular benefit, and we may provide your insurer with details of your treatment so your insurer will pay for the treatment.



3. For Health Care Operations: Our practice may use or disclose your health care information when necessary to operate our practice. This may include such things as conducting quality assessment and improvement activities, or internal audits.

4. For follow up: Our practice may contact you with appointment reminders or to provide you with information about treatment recommendations or alternative treatments which may be of interest to you.

In addition to the common reasons, listed above, there are other situations, where we can use or disclose your health information without your authorization, these are:

1. When we are required to do so by law (i.e. to report a gunshot).
2. When needed for public health activities (i.e. to assist with a drug recall).
3. To report information about victims of abuse, neglect, or domestic violence
4. When we believe the disclosure is necessary to avert a serious health or safety threat (i.e. to report an infectious disease, or to prevent suicide)
5. When disclosure is required for a judicial or administrative proceeding
6. When disclosure is necessary for law enforcement purposes (i.e. complying with a court order, or identifying a fugitive).
7. To coroners, funeral directors, or organ procurement organizations when necessary to allow them to carry out their duties
8. In limited cases for the purposes of research
9. When necessary for specialized government functions (i.e. veterans affairs, national security).
10. To a government health agency for oversight activities such as inspections, investigations, licensure or other proceedings
11. When necessary to comply with worker's compensation laws

USES OR DISCLOSURES YOU HAVE THE OPTION TO LIMIT OR OBJECT:

We may use or disclose your health information in the following ways to assist in your care, unless you object to or restrict these disclosures in writing. The written objection or restriction should be directed to the Privacy Officer.



1. To individuals involved in your care: We may release your health information to an individual who is involved in your care. While this is typically a spouse or family member, you have the right to specify any individual such as a close friend or a member of the clergy. You also have the right to object to contact. We will comply with your request unless prohibited by emergency circumstances.
2. To communicate with you regarding treatment and appointments: We may use or disclose your health information to contact you to follow up on treatment or to remind you of your next appointment. You have the right to specify how our practice communicates with you, including the method and locations at which we may contact you.

#### WHEN IS REVISION PROHIBITED FROM USING MY PROTECTED HEALTH INFORMATION?

Our practice may not release your protected health information for any use or disclosure which is not identified in this notice, unless we have your written authorization to do so. If you provide us with a written authorization to use or disclose your protected health information for another purpose, you may revoke this authorization in writing at any time, by sending the written revocation to the Privacy Officer at the address below. Once you have revoked your authorization we will no longer use or disclose your protected health information for the purposes described in the authorization.

#### IS THERE A WAY TO KNOW HOW MY PROTECTED HEALTH INFORMATION HAS BEEN USED OR DISCLOSED?

You have the right to receive an accounting of many of the disclosures of your protected health information for the past 5 years, but not before the effective date of this Notice. This accounting will include a list of the date of the disclosure, to whom it was made, and what information was released. This accounting will not list disclosures made for purposes of treatment, payment, health care operations, or certain governmental functions. It will also not list information provided to you or to specified individuals involved in your care. If you request an accounting more than once in a 12-month period we may charge you a reasonable fee to cover the cost of complying with this request.

#### WHAT RIGHTS DO I HAVE REGARDING MY PROTECTED HEALTH INFORMATION?

You have the following rights regarding the protected health information we maintain about you.

1. Confidential Communications: You have the right to request that our office communicate with you regarding your health care in a particular manner or to a certain location. For example, you may specify that we contact you at home rather than at work.
2. Requesting Restrictions: You have the right to request a restriction on our use or disclosure of your health information for the purposes of treatment, payment, or health care operations. Additionally, as described above, you have the right to specify that your protected health information be disclosed to



certain individuals involved in your care or treatment. Revision is not required to agree to the restriction you request.

3. **Inspection and Copies:** You have the right to inspect and obtain copies of your protected health information. Revision may charge you a fee to cover the cost of copying, mailing, labor and supplies.

4. **Amending Your Information:** If you believe your health information as maintained by our office is incorrect or incomplete, you have the right to request Revision to amend the record. Your request for amendment must be submitted in writing to the Privacy Officer at the address listed below along with the reason for the requested amendment. Revision will review your request and provide you with a written notice of its decision. If Revision denies your request it will provide you with a reason for its decision and information on how you may file a written disagreement with the denial.

5. **Right to a Paper Copy of this Notice:** You have a right to a paper copy of this notice. You may ask for a copy of this notice at any time.

#### WHAT IF I BELIEVE MY PRIVACY RIGHTS HAVE BEEN VIOLATED?

You have the right to file a complaint if you believe your privacy rights have been violated by this office. Complaints should be submitted in writing to:

Revision Christian Counseling

ATTN: Alicia Seidler (Privacy Officer)

5001 Little Rock Road

St. Louis, MO 63128

If you are not satisfied with the manner in which this office handles the complaint, you may submit a formal complaint to the Office of Civil Rights of the Department of Health and Human Services.

**CHANGES TO THIS NOTICE:** Revision reserves the right to change this Notice of Privacy Practices at any time in the future as allowed by federal and state law. Any changes may apply to all information maintained by Revision including information created or received prior to the change. Revision will provide a copy of its most recent Notice of Privacy Practices at each first patient visit following the Notice's adoption. You may also call or write our office to obtain a copy of the most recent version.



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I, \_\_\_\_\_, acknowledge that I received a  
(print client name)

copy of Revision's Notice of Privacy Practices and that I have had an opportunity to review this Notice and have any questions regarding my rights answered to my satisfaction.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (staff): \_\_\_\_\_ Date: \_\_\_\_\_