

Notice of Privacy Practices

** indicates a required field*

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on this 13th day of May, 2023.
Updated Notice EFFECTIVE DATE: 1st day of January, 2025.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal and insurance requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

1. Make sure that protected health information ("PHI") that identifies you is kept private.
2. Give you this notice of my legal duties and privacy practices with respect to health information.
3. Follow the terms of the notice that is currently in effect.
4. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request.

II. YOUR RIGHTS

This section explains your rights and some of our responsibilities to help you.

Electronic or paper copy of medical records: You can ask to see or get an electronic or paper copy of your medical record and other health information that I have about you. Ask how to do this. A copy or a summary of your health information will be provided to you, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Amendments to medical record: You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say "no" to your request, but will tell you why in writing within 60 days.

Request confidential communications: You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say "yes" to all reasonable requests.

Limited use or share: You can ask me not to use or share certain health information for treatment, payment, or our operations.

I am not required to agree to your request, and I may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or our operations with your health insurer. I will say "yes" unless a law requires us to share that information.

Get a list of those with whom I've shared information: You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before we take any action.

Filing a complaint: You can complain if you feel I have violated your rights by contacting us using the information at the top of this page.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

III. YOUR CHOICES

For certain health information, you can tell me your choices about what I share.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care
- Share any substance abuse treatment records
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, I never share your information unless you give me written permission:

- Marketing purposes
- Sale of your information

- Most sharing of psychotherapy notes
- I do not create or manage a hospital directory

In the case of fundraising: I may contact you for fundraising efforts, but you can tell me not to contact you again.

IV. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe typical ways that I use and disclose your health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

Treat You: I can use your health information and share it with other professionals who are treating you. **Example:** A licensed provider treating you asks another licensed provider about your overall mental health condition.

Run my practice: I can use and share your health information to run my practice, improve your care, and contact you when necessary. **Example:** I use health information about you to manage your treatment and services.

Bill for your services: I can use and share your health information to bill and get payment from health plans or other entities. **Example:** I give information about you to your health insurance plan so it will pay for your services.

Help with public health and safety issues: Preventing disease, Helping with product recalls, Preventing or reducing a serious threat to anyone's health or safety, Reporting suspected abuse, neglect, or domestic violence, and Reporting adverse reactions to medications

Do research: I can use or share your information for health research.

Comply with the law: I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests: I can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests: For workers' compensation claims, For law enforcement purposes or with a law enforcement official, With health oversight agencies for activities authorized by law, and For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions: I can share health information about you in response to a court or administrative order, or in response to a subpoena.

V. MY RESPONSIBILITIES

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell us we can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request.

Right to Receive a Paper Copy of this Notice

You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

I consent to sharing information provided here.