

Notice of Privacy Practices

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Hensley Counseling & Consulting, LLC
300 W Broadway Suite 240, Council Bluffs, Iowa 51503
Phone: 402-740-6656 / Fax: 712-340-1602

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.

Updated Notice EFFECTIVE DATE: 16th day of February, 2026.

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. CLIENT BILL OF RIGHTS

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

1. Right to receive a copy of this Notice of Privacy Practices

2. Right to your protected health information (PHI). 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. Requests must be made in writing, given in person or by mail to my office. 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.

3. Right to request restrictions on how I use or disclose your PHI for treatment, payment, or healthcare operations. I will consider all requests. I am required to agree to the restriction if you pay for therapy services in full (self-pay), and request that the information not be shared with your health plan, unless a law requires me to share your information. Requests must be made in writing, given in person or by

mail to my office, and specify what information is to be restricted and to whom. Requests other than self-pay I am not obligated to agree, but will attempt to accommodate reasonable requests. I may say "no" if it would affect your care.

4. Right to revoke/terminate previous restrictions you requested and I agreed to. I will resume normal, unrestricted sharing of your information. If a restriction is terminated, it will only apply for information created or received after the restriction is lifted. Even with a restriction in place, I can still share your information if necessary for emergency treatment.

5. Right to 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.

6. Right to request amendments to your medical record: You can ask me to correct health information about you that you think is incorrect or incomplete. Requests must be made in writing, given in person or by mail to my office. I will review the request and may accept it, update your record, or deny it. If your request is denied, I will explain the reasoning to you in writing within 60 days and you have the right to submit a written statement of disagreement, which will be attached to future disclosures. If I accept your requested amendment, I will make reasonable efforts to inform relevant third parties.

7. Right to receive an accounting list of certain disclosures of your PHI for up to three (electronic health record) years prior to your request, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, health care operations, or those authorized by you. Disclosures to be accounted for include those required by law, public health activities, judicial proceedings, and law enforcement. Requests must be made in writing, given in person or by mail to my office. 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. The accounting list will include the date, recipient name/address, a brief description of the PHI, and the purpose of the disclosure. Other exclusions from the accounting list: disclosures made directly to you, for facility directories or to family/friends involved in your care, disclosures incident to a permitted use or disclosure, or national security or intelligence purposes.

8. Right to complain. You can file a complaint if you believe your privacy rights have been violated. You can complain 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.

9. Right to 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.

10. Right to receive notice if a breach of your PHI occurs.

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.

Substance Use Disorder (SUD): SUD records are subject to 42 CFR Part 2 and are protected more strictly than general HIPAA records. Part 2 records cannot be used or disclosed in any civil, criminal, administrative, or legislative proceedings against the patient without written consent or a specific court order. Part 2 records are used/disclosed for treatment, payment, and health care operations (TPO), including the use of a single, comprehensive consent. HIPAA allows certain disclosures, but Part 2 prohibits them without proper consent or a court order.

Reproductive Health: I will not use or disclose Protected Health Information (PHI) to investigate or impose liability on individuals or providers for seeking, obtaining, providing, or facilitating lawful reproductive health care. A signed attestation is required for requests for reproductive health information.

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.