

CARTER COUNSELING
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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.

Protecting Your Personal and Health Information

I, Carole J. Carter, am committed to protecting the privacy of your personal information. I am required by applicable federal and state laws to maintain the privacy of your personal and health information. In compliance with HIPPA, this notice explains my privacy practices, my legal duties, and your rights concerning your personal information. Personal and health information (referred to in this notice as “personal information”) means any of your health care and treatment; identifiable factors to you as your personal information, including treatment and financial information. I will follow the privacy practices that are described in this notice while it is in effect.

Why do I collect your personal information?

I collect personal information from you for a number of reasons, including helping us verify your mental health eligibility or coverage with your insurance company, billing your insurance, for collections purposes should you fail to pay your account, and to identify you in case of an emergency.

How do I protect your personal information?

I protect your personal information by:

- Treating all of your personal information that I collect as confidential;
- Restricting access to your personal information only to employees who need to know your personal information in order to provide our services to you, such as billing insurance or sending medical records when a signed release has been obtained.
- Only disclosing your personal information that is necessary for a service company to perform its functions on my behalf, and the company agrees to protect and maintain confidentiality of your personal information; and
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your personal information.

How do I use and disclose your personal information?

I do not disclose your personal information unless I am allowed or required by law to make the disclosure or if you (or your authorized representative) give me permission. Uses and disclosures, other than those listed below require your authorization. If there are other legal requirements under applicable state laws that further restrict our use or disclosure of your personal information, I will comply with those legal requirements as well. The following are the types of disclosure we may make as allowed or required by law:

- **Treatment:** I may use and disclose your personal information for treatment purposes in case of an emergency, to the authorities, if needed; consultation between health care providers; when your authorization is not attainable in the case of an urgent issue; for provision, coordination, or management of health care; or to notify health care officials of any communicable diseases.
- **Payment:** I am permitted to make a disclosure without an authorization for payment; to determine eligibility or coverage; to receive payment from an insurance company; and to bill an insurance company. I may use the information for collections activity; to review medical necessity; to pre-certify or pre-authorize services; and for concurrent retrospective review of services.
- **Health Care Operations:** I may use and disclose your personal information for my internal operations, including my customer service activities; to review the competence or qualifications of health care professionals, legal services and auditing functions, including fraud and abuse detection and prevention; and resolution of internal grievances.
- **Business Associates:** I may also share your personal information with third party “business associates” who perform certain activities for me. I require these associates to afford your personal information the same protections afforded by me.
- **To you or your Authorized Representative:** Upon your request, I will disclose your personal information to another provider, legal counsel, or other authorized individual. If you authorize me to do so, I may use your personal information or disclose it to the person or entity you name on your signed authorization. All authorizations are kept in your chart. Once you sign an authorization you may revoke it at any time, *in writing*. Your revocation won’t affect any use or disclosures permitted by your authorization while it was in effect. In certain situations when disclosure of your information could be harmful to you or another person, I may limit information available to you, or use an alternative means of meet your request.
- **To your Parents, if You are a Minor:** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. I will act consistently with the laws of the state, and will make disclosures consistent with such laws. Federal Regulation 42 C.F.R.2.1 (1996) prohibits the release of alcohol and or substance abuse information without the consent of the patient or legal guardian unless the patient is 16 years old or older. If they are 16 or older, they must sign a consent form before the information can be disclosed to parents, guardians, and persons acting in a similar legal status, unless required by law, or if the minor is unable to practicably agree or object.
- **Your Family and Friends:** If you are unable to consent to the disclosure of your personal information, such as in a medical emergency, we may disclose your personal information to a family member or a friend to the extent necessary to help with your health care. I will only do so if we determine that the disclosure is in your best interest.
- **In the case of death:** I may disclose your personal information to a coroner or medical examiner.
- **Public Health and Safety:** I may disclose your personal information if I believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. I may disclose your personal information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes, or if you intend to harm another person.
- **Required by Law:** I must disclose your personal information when I am required to do so by law.

- **Process and Proceedings:** I may disclose your personal information in response to a court order, subpoena, or other lawful process.
- **Law Enforcement:** I may disclose limited information to law enforcement officials.
- **National Security:** I may disclose to the authorized Federal Officials personal information required for lawful intelligence, counterintelligence, and other National Security activities.

What rights do you have regarding my use of your personal information?

You have the right to request all of the following:

- **Access to your personal information:** You have the right to review and receive a copy of your personal information. If I believe that the information would be harmful to yourself or to others, we may limit the information available to you or use an alternative means of meeting your request.
- **Amendment:** You have the right to request that we amend your personal information. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. I may decline your request for certain reasons, including if you ask me to change information that I didn't create. If I decline your request to amend the information, I will provide you with a written explanation. You may also respond with a statement of disagreement to be appended to the information you wanted amended. If I accept your request to amend the information, I will make reasonable efforts to inform others, including people you have authorized, of the amendment, and to include the changes in any future disclosures of that information.
- **Restriction Requests:** You have the right to request that I place additional restrictions on my use or disclosure of your personal information for treatment, payment, health care operations, or to persons you identify. I may be unable to agree to your requested restrictions. If we do agree, I will abide by our agreement (except in an emergency).
- **Confidential Communication:** You have the right to request that I communicate with you in confidence about your personal information by alternative means or to an alternative location. If you advise me that the disclosure of all or any part of your personal information could endanger you, I will comply with a reasonable request provided that you specify an alternative means of communication.

When is this notice effective?

This notice takes effect on April 1, 2008, and will remain in effect until I revise it.

What if the Notice of Privacy Practices changes?

I reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all confidential information that it maintains. I will provide you with a revised Notice if one is made.

Complaints

If you want additional information regarding my privacy practices, or if you believe I have violated any of your rights listed in this notice, please send your written questions or complaints to my office, Carter Counseling, at 1674 Hill Road, Suite 12, Boise, Idaho, 83702. If you have a complaint, it may be submitted, in writing, to the U.S. Department of Health and Human Services. I will provide you with their address if you request it. Your privacy is one of my greatest concerns and there is never any penalty to you if you choose to file a complaint with me or with the U.S. Department of Health and Human Services.