



## NOTICE OF PRIVACY PRACTICES of COASTAL HAVEN COUNSELING, LLC

**Effective date: March 1, 2017 THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.** This practice provides many types of services, such as individual, family and group counseling sessions, referrals to treatment services and communication with the courts. Information about you must be collected to provide these services. Information collected about you and your health is private. We are required to protect this information by Federal and State law. This information is called “protected health information” and referred to as PHI. This Notice of Privacy Practices tells you how protected information about your health may be used or disclosed in the normal course of business. Not all situations will be described. We will always disclose only the minimum amount of PHI necessary.

I agree to follow these policies. However, if there is a need to change these policies you will be notified of any changes. Your Protected Health Information may be Used and Disclosed without Your Authorization.

For Safety- If you are considered to be a threat to yourself or others or if a minor, disabled or elderly if you are being hurt. For payment: PHI may be disclosed to obtain payment, or as required by law and for law enforcement. PHI will be used or disclosed when required or permitted by federal or state law or by a court order. For abuse reports and investigations: I am required to report and disclose any PHI that indicates child abuse. To avoid harm: I may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public. In an emergency or for reasons of national security: For example, if you fell and were unconscious, I would tell an EMT what I knew about your medical condition even if I were not able to get your consent. **Other Uses and Disclosures Require Your Authorization:** Mental Health and drug and alcohol treatment records: You must give your written authorization before your mental health treatment records can be disclosed to anyone. **Unusual use:** I will ask for your written authorization before using or disclosing PHI in unusual situations that are not covered by these guidelines. You may cancel this authorization at any time in writing.

**Your PHI Privacy Rights:** Right to see and get copies of your records: In most cases, you have the right to look at or get copies of your records. You must make this request in writing. You may be charged a fee for the cost of copying your records. Right to request to correct or update your records: You may ask to change or add missing PHI to your record if you think there is a mistake. You must make the request in writing and provide a reason for the request. Right to request limits on uses or disclosures of PHI. You have the right to ask to limit how your PHI is used or disclosed. You must make the request in writing and tell what PHI you want to limit and to whom you want the limits to apply. Right to get a list of disclosures: You have the right to ask for a list of disclosures made after March 1, 2017. You must make the request in writing. This list will not include the times that PHI was disclosed for treatment, payment or health care operations or as required by law. The list will not include information provided directly to you or your family or information that was sent with your authorization. Right to choose how we communicate with you: You have the right to ask that PHI be shared with you in a certain way or in a certain place. For example, you may that information be sent to your work address instead of your home address. You must make this request in writing and do not need to provide a reason. Right to file a complaint: You have the right to file a complaint if you do not agree with your PHI was used or disclosed.