

Renew Counseling Ministries

[revised December 17, 2021]

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by Renew Counseling Ministries (“Renew”) and how you can get access to this information. Please review it carefully.

SUMMARY

This Notice of Privacy Practices (“NPP”) describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. **PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.**

We are required to follow this NPP. We may change the terms of the NPP at any time. A new NPP will be available to you at our office or on request and will be effective for PHI that we maintain from that time forward.

YOUR RIGHTS

Inspection and copying of PHI. You may inspect and obtain a copy of PHI that is contained in your healthcare record, for as long as we maintain the PHI and your healthcare record. Your healthcare record includes your counseling and billing records but does not include information gathered or prepared for a civil, criminal, or administrative proceeding. Depending on the circumstances, we may deny you access to your PHI and inform you of the reasons. To inspect and copy PHI, please contact our office, and ask for the Privacy Official. If you request a physical copy of your PHI, we may charge you a reasonable fee for copying, postage, labor, and supplies needed to make the copy.

Request to limit use/disclosure of your PHI. You may request in writing that we limit or not use/disclose your PHI for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. While we will consider it, we are not legally required to grant the request.

Renew will only use/disclose your PHI with your written authorization, except as described in this NPP. Once you provide us with an authorization, you have the right to change your mind and revoke the authorization by notifying us in writing.

Alternative means of confidential communication. We will accommodate reasonable requests to use alternative means of communicating confidential to you. This includes media of communication (phone, email, mail), as well as location (physical address, email address). We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our front desk.

Correct PHI in your record. You may request that we correct PHI in your healthcare record that you believe is incorrect or incomplete. Depending on the circumstances, we may deny your request. If we deny your request, we will notify you in writing. If we grant the request, we are permitted to include a formal disagreement in your healthcare record and if we do so, we will provide you with a copy.

List of disclosures. You may request that we provide you with a written list of disclosures of your PHI that we have made within the six (6) years prior to your request. We will include any disclosures of PHI other than those for treatment, payment, or healthcare operations. The list may also exclude disclosures we may have made to you, to family member or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

Paper Copy. You have the right to obtain a paper copy of this notice from us, upon request, even if you already agreed to accept it electronically.

Personal Representative. You have the right to choose someone to act for you as your personal representative. You may do so by completing a written authorization, or by providing us with a copy of any power of attorney, guardianship, conservatorship, divorce decrees, court orders, or other document granting a third-party power to act as your personal representative. We will take all reasonable steps to make sure that any person claiming to be your personal representative has the authority to do so before we take any action.

Complaints or Questions. You have the right to ask questions and to complain if you believe we have violated your privacy rights. You may contact our office and ask for the Privacy Official for further information about the complaint process, to ask questions concerning this NPP.

You may complain to us by filing a written complaint with the Privacy Official. You may also 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/.

We will not retaliate against you for filing a complaint.

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USES AND DISCLOSURES OF PHI

Permitted uses and disclosures of PHI. We may use or disclose your PHI for the following activities:

- **Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI.
- **Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you.
- **Healthcare Operations:** We may use or disclose, as needed, your PHI to support our internal health care operations.
examples are not intended to be an exhaustive list of uses/disclosures

We may also call you by name in the waiting room when your clinician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment or to provide you with information about treatment alternatives or other health-related benefits and services.

We may share your PHI with third party “business associates” that perform various activities (including billing) for our internal practice. Such arrangements are covered by written contracts that contain terms to protect the privacy of your PHI.

Prior to receiving services, you will need to sign a Consent form. Once you have signed the form, your PHI may be used and disclosed by your clinician, our office staff, and others outside of our office in accordance with this NPP. We will not disclose your PHI without your written authorization, except as provided in this NPP.

Permitted uses and disclosures of PHI with your written authorization. We may use or disclose your PHI for other purposes with your written authorization. Renew utilizes a standard HIPAA written authorization form, which you must use, or Renew reserves the right to refuse to use or disclose. You may revoke a written authorization at any time in writing, except to the extent that Renew or your clinician has taken any action relying on the authorization.

Uses and disclosures requiring an opportunity to agree or object. In the following instances, we will not require a written authorization prior to use or disclosure of PHI but will notify you of the use or disclosure and provide you an opportunity to agree or object to the proposed use or disclosure. We may do so verbally.

- To your family members, relatives, close friends, or others identified by you if the PHI is directly relevant to that person’s involvement in your care or payment.
- To notify your family members, personal legal representatives, or others responsible for care, about your location, general condition, or death.
- To entities involved in disaster relief efforts to assist them in providing notice of your location, condition, or death to family members, personal legal representatives, or others.

If you are available prior to the disclosure and have the capacity to make healthcare decisions, we will only make the disclosure if: (1) you agree; (2) we have not received your objection after giving you an opportunity to do so; or (3) we have reasonably inferred that you do not object. If you are not available prior to the disclosure or do not have the capacity to make healthcare decisions, we will determine whether disclosure is in your best interests and only disclose the PHI necessary for others to make healthcare decisions or receive notifications.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your clinician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your clinician or another clinician in the practice is required by law to treat you and the clinician has attempted to obtain your consent but is unable to do so, they may still use or disclose your PHI to treat you.

Uses and disclosures that do not require consent, authorization, and opportunity to object. We may use or disclose your PHI in the following situations without your consent or authorization and without providing you an opportunity to object:

- **Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease injury, or disability. We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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- **Health Oversight:** We may disclose PHI to a government health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information, consistent with the requirements of applicable federal and state laws.
- **Legal Proceedings:** We may disclose PHI during any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery requests or other lawful process. We will only disclose the PHI necessary to comply with the legal proceedings.
- **Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are part of U.S. armed forces: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Worker's Compensation:** Your PHI may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your clinician created or received your PHI in the course of providing care for you.
- **Required Uses and Disclosures:** We are required to make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal law.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will promptly notify you if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow this NPP and give you a copy of it.
- We will not use or share your information other than as described in this NPP unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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