



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.

Effective Date: 11/01/08

Client privacy is a top priority at Boyle Counseling & Counseling LLC. This notice is designed to inform you of federal government privacy regulations. All staff at Boyle Counseling & Consulting LLC are committed to safe guarding clients' records as a part of providing the highest standards in mental healthcare.

Purpose of This Privacy Notice

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, initiate payment, or conduct health care operations and for other purposes that are permitted or required by law. The Notice describes your rights to access and control your protected health care information. "Protected Health Information" (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 or condition and related health care services.

Complaints: You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint. Contact us at (319) 610-4179 for questions or for more information about the complaint process.

Requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ

Donation: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Workers' Compensation: We may disclose your PHI as authorized to comply with workers' 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 health care provider created or received your PHI in the course of providing care to you.

Military and Veterans: If you are a member of the Armed Forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Disaster Relief: When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Sale or Closure of the Practice: In the event that Boyle Counseling & Consulting LLC is sold or acquired by another facility or counselor/counseling group, your protected health information will be disclosed to that entity or group.

YOUR RIGHTS: The following is a statement of your rights with respect to your protected health information. You may inspect and copy your protected health information: This means you may inspect and obtain a copy of PHI about you which is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records your counselor and the practice use for making decisions about your care.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI which is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed.

You may request a restriction of your PHI: This means you ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may request your PHI not be disclosed to family or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom it applies.

Your health care provider is not required to agree to your restriction request. If your provider believes it to be in your best interest to permit use and disclosure of your PHI, it will not be restricted. Please discuss any restriction request with your counselor.

You have the right to receive confidential communications from us by alternative means or at an alternative location. Please make such requests in writing.

You may request to have your health care provider amend your PHI. In certain cases, we may deny such a request. In this case you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and we will provide you with a copy of any such rebuttal.

Receive an accounting of certain disclosures we have made, if any, of your protected health information.

Scope of This Privacy Notice

This notice describes the privacy policies of our practice and that of:

- Any health care professional authorized to enter information into your medical record.
- All employees of this practice.

Our Pledge Regarding PHI

We understand that your personal health information is private and we are committed to protecting it. A record of the care and services you receive at this practice is created and maintained at this location. This notice applies to all of those records of your care. We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Provide you this notice of our legal duties and privacy practices regarding your medical information.
- Follow the terms of our notice at any time.

The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may maintain a copy by calling our office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Disclosure of Your PHI

The following categories describe ways that we use and disclose medical information. Not every use or disclosure in each category is listed; however, all the ways we are permitted to use and disclose information fall into one of these categories.

For Treatment: We may use your medical information to provide, coordinate, or manage your medical treatment or services. We may disclose your medical information to other health care providers who are or will be involved in taking care of you. For example, if you are referred to another health care provider, your PHI might be disclosed so that the provider has necessary information to diagnose and treat you.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at our practice may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, and for undertaking utilization review activities. For example, certain health plans require providers to obtain preapproval prior to your obtaining services. This is an example, in which your relevant PHI might be disclosed to insure your access to services.

For Healthcare Operations: We may use or disclose, as needed, your PHI to support the business activities of our practice. These may include, but are not limited to: quality assessments, employee review/training activities, and conducting or arranging of other business activities. For example, we may disclose your PHI to counselor interns who may see clients at our office. We may call you by name in the waiting room, when your counselor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointments.

We may share your protected health information with third party "business associates" which perform various activities (e.g., billing, transcriptions services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms which will protect the privacy of your protected health information.

To You: We must give you access to your own PHI. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer.

To Others: Other uses and disclosures of your PHI will be made only with your written authorization. If you are present, and tell us it is permissible, we may give your PHI to a family member, friend, or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, but it is an emergency, or you are not able to give permission, we may give your PHI to a family member, friend, or other person who has been a part of your treatment if sharing your PHI is in your best interest.

You may revoke this authorization, at any time, in writing, except to the extent the practice has taken an action in reliance on the use or disclosure indicated in the authorization.: You may revoke this authorization, unless otherwise required by law as described below.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object: As Allowed or Required By Law

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your PHI to the extent that law requires the use or disclosure. 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 disclosures.

Public Health/Health Oversight Activities. We may disclose your PHI for public health activities, such as reporting reactions to medication, , or such activities required by the government to verify compliance with government benefit programs and civil rights laws.

Abuse, Neglect or Domestic Violence: 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 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. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose PHI in the course of 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 request or other lawful process.

Law Enforcement: We may disclose protected health information, so long as applicable legal