



September 15, 2023

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 carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, rights to understand and control how your health information is used. HIPAA provided penalties for covered entities that misuse protected health information. As required by HIPAA, you are being provided this explanation of how we maintain the privacy of your health information and also how we may use and disclose your health information.

The covered entity must notify affected individuals following a breach of unsecured protected health information. The covered entity must abide by the conditions of the notice currently in effect.

Any use of your protected health information outside of this notice will not occur without your written permission.

How we use and disclose your information:

- Treatment means providing, coordinating, or managing health care and related services by one or another healthcare providers. Examples of treatment would include counseling sessions or testing.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your health plan for counseling services.
- Health care operations include the business aspects of running the practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would include periodic assessment of our documentation protocols, etc.

We may contact you:

- To provide appointment reminders.

We may share your health information for the following situations unless you tell us otherwise:

- We may use or disclose your information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition in the case of emergency.



We may share your health information in the following situations without your prior authorization:

- We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers, or the public.
- Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.
- We may disclose health information for law enforcement purposes as required by law, such as: the reporting of suspected child or elder abuse or neglect, reporting that a client poses a threat to himself or herself or to other identifiable individuals, or in response to a valid subpoena or court order.
- There are some services provided through contacts with business associates who may have access to your health information. Examples include vendors who support information systems, auditors, attorneys, or accrediting bodies and other contract monitoring bodies. To protect your health information, however, we require the business associate to appropriately safeguard your information through a business associate agreement that requires them to protect your privacy.

Your Information Rights

Although your case record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Obtain a copy of your record. You may request to review and obtain a copy of your record. We will provide you with a copy within 30 days of your request. We may charge you a reasonable, cost-based fee. Access may be denied in some instances. If we deny your request to review or obtain a copy, you may submit a written request for review. There are some instances where Inspiring Hope Counseling, LLC provides a service on behalf of another agency in a contractual relationship. In these instances, the other agency is the keeper/holder of the case record so the request to obtain a copy must be made directly to that agency.



- Request a correction of your case record. You may request a correction of your health information if you feel it is incomplete or inaccurate. We may deny your request but will do so in writing.
- Request confidential communication. You may ask us to contact you in a specific way (for example, a home or office phone) or to send mail to a specific address.
- Request that we limit how we use your information. You can ask us to restrict how we share your health information for treatment, payment, or healthcare operations. We are not required to agree to your request and we may not agree if it would affect your care. If you pay for services out-of-pocket in full, you can ask us not to share that information with your health insurance plan for the purpose of payment. We will agree to this unless law requires us to share that information.
- Obtain a paper copy of the notice of information practice.
- Get a list of those with whom we have shared your information. You may request a list of the times we have shared your health information other than for treatment, payment, or health care operations for six years prior, including who we've shared it with and why.
- Revoke your authorization. You may revoke your authorization to use or disclose your health information except to the extent that action has already been taken.

Inspiring Hope Counseling, LLC Responsibilities:

- Maintain the privacy and security of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain for you.
- Abide by the terms of this notice.
- Notify you following a breach of unsecured protected health information.

We reserve the right to change our practice and to make new provisions effective for all protected health information we maintain. Before making a specific change in policies, we will post the revised notice at all service locations. You may request a copy of the notice at any time. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information Or To Report A Problem:

If you believe your privacy rights have been violated, you can file a complaint with the privacy officer or with the Secretary of the U.S. Department of Health and Human Service Office for Civil Rights. There will be no retaliation for filing a complaint.

Privacy officer: April Bolton, MA, LPC-MH 100 S. Spring Ave Sioux Falls, SD 57104 605-496-9267