

4Directions Counseling, LLC
623 West Union Blvd, Suite 1C, Bethlehem, PA 18018
484-894-1246 • www.4DCounseling.com

NOTICE OF PRIVACY PRACTICES
Health Insurance Portability & Accountability Act of 1996

HIPAA regulations require me to notify you about the process I use for release of information, with or without your consent. I will discuss this with you during our initial intake interview. In addition, this notice describes some other ways medical information about you may be used and disclosed, including how you can get access to the information. Please review this information carefully.

How I use and disclose your health information:

If you receive services from me, I may use your protected health information (PHI) and disclose it to others to:

1. Communicate with health care or other professionals who may be involved in your care in emergency situations, including describing the care you receive, in order to plan for and provide you with continuity of care and treatment
2. Obtain reimbursement from private insurers or other governmental programs
3. Verify that services billed were actually provided
4. Respond to court orders requiring the release of information.

I will not use or disclose your PHI except as described in this notice, or otherwise authorized by law.

Your health information rights:

In accordance with applicable Federal, State, and Local statutes, you have the right to:

1. Request a restriction on certain uses and disclosures of your PHI and obtain a paper copy of this Notice of Privacy Practices upon request;
2. Inspect and copy your PHI in accordance with more stringent Federal, State, and Local regulations
3. Request amendments to your PHI;
4. Obtain an accounting of disclosures of you PHI;
5. Request communications of your PHI by alternative means or at an alternative address;
6. Revoke your consent to use or disclose PHI to the extent that it has not already been relied upon.

My Duties:

I have a duty to:

1. Maintain the privacy of your PHI;
2. Provide you with a notice as to my legal duties and privacy practices with respect to PHI I collect and maintain about you;
3. Abide by the terms of this notice;
4. Notify you if I am unable to agree to a requested restriction;
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at an alternative address;
6. Provide an accounting of disclosures of you PHI.

I may change privacy practices and make the new privacy practices effective for all PHI I maintain. Should my privacy practices change, I will make such a change available to you at your next session.

For more information or to report a problem:

If you have questions and would like additional information, you may contact me. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the United States Department of Health or Human Services at:

Region III, Office for Civil Rights

US Department of Health and Human Services

150 S. Independence Mall West

Suite 372, Public Ledger Building

Philadelphia, PA 19106

Main Line (215) 861-4441, Hotline (800) 368-1019, Fax (215) 861-4431

TDD (215) 861-4440

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www.exscribe.com/wecomply

There will be no retaliation for filing a complaint.

How I may use and share your information for treatment, payment, healthcare operations:

I will use your health information for treatment.

For example: As part of your treatment, we will share your information with your family doctor and/or physician who refer you to us.

I will use your mental health information for payment.

For example: I may need to inform your health plan about procedure you had so that your health plan can pay me or reimburse you. I may let your health plan know about treatment you are going to receive. I may do that to get an approval or to see if your plan covers treatment.

I will use your mental health information for regular health operations.

For example: I may use information to evaluate treatment and services we give to you, monitor and improve client care, license staff to care for clients, prepare for state and federal inspections or for accreditation review, manage healthcare operations, and improve healthcare services. For review and learning purposes, your information may also be shared with practitioners, staff, or students.

Business Associates: I may provide your information to other persons or organization, known as business associate, who provide services to me under a contract. I require my business associates to protect the confidentiality of the information I provide them.

Health related benefits: I may use and/or share information to inform you of health related benefits or services that may interest you.

Coroners, medical examiners, and funeral directors: I may release information to a coroner or medical examiner. This may be needed, for example, to identify a deceased person or to figure out the cause of death. I may also release information to funeral directors, as necessary so they can carry out their duties.

Treatment Alternative: I may use and/or share information with others within the office to recommend treatment options or alternatives that may benefit you.

Law enforcement: I may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Public Health: As required by law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, and reporting suspected child abuse or neglect, or domestic violence.

Military and Veterans: If you are a member of the armed forces, we will share information as required by military command authorities. Also, we may share information about foreign military personnel with the appropriate foreign military authority.

Workers' Compensation: We will share information with workers' compensation or similar programs that provide benefits for work-related injuries or illness.