

R.E.A.L Counseling, LLC
Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND/OR YOUR CHILD(REN) [AS A PATIENT OF THIS PRACTICE] MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR AND/OR YOUR CHILD(REN) INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. Our Commitment to You and/or your [Child(ren)] Privacy

Our practice is dedicated to maintaining the privacy of you and/or your child(ren) individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and/or your child(ren) and the treatment and services we provide to you and/or your child(ren). We are required by law to maintain the confidentiality of health information that identifies you and/or your child(ren). We also are required by law to provide you with this notice of our legal duties and the privacy practice that we maintain in our practice concerning you and/or your child(ren) IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose you and/or your child(ren) IIHI
- You and/or your child(ren) privacy rights in you and/or your child(ren) IIHI
- Our obligations concerning the use and disclosure of you and/or your child(ren) IIHI

The terms of this notice apply to all records containing you and/or your child(ren) IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintain in the past, and for any of you and/or your child(ren) records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

B. We may use and disclose you and/or your child(ren) IIHI in the following ways:

1. **Treatment:** Our practice may use you and/or your child(ren) IIHI to treat you and/or your child(ren).
2. **Payment:** our practice may use and disclose you and/or your child(ren) IIHI in order to bill and collect payment for the services and items you and/or your child(ren) may receive from us. For example, we may contact your health insurer to certify that you and/or your child(ren) are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding you and/or your child(ren) treatment to determine if your insurer will cover, or pay for, you and/or your child(ren) treatment. We also may use and disclose you and/or your child(ren) IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use you and/or your child(ren) IIHI to bill you directly for services and items.
3. **Appointment Reminders:** Our practice may use and disclose you and/or your child(ren) IIHI to contact you and remind you of an appointment. We may leave a message on your answering machine, email about you and/or your child(ren) appointment, which ever you authorize.
4. **Disclosure Required by Law:** Our practice will use and disclose your child(ren) IIHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your IIHI in certain special circumstances

The following categories describe unique scenarios in which we may use or disclose your IIHI:

1. **Public Health Risks:** Our practice may disclose you and/or your child(ren) IIHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contacting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) regarding potential abuse or neglect of an adult/child(ren) patient (including domestic violence): however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
2. **Lawsuits and Similar Proceedings:** Our practice may use and disclose you and/or your child(ren) IIHI in response to a court or administrative order, if you and/or your child(ren) are involved in a lawsuit or similar proceeding. We also may disclose you and/or your child (ren) IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
3. **Law Enforcement:** We may release IIHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our office, including returned checks (non- sufficient funds)
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or description, identity or location of the perpetrator)
4. **Serious Threats To Health or Safety:** Our practice may use and disclose you and/or your child(ren) IIHI when necessary to reduce or prevent a serious threat to you and/or your child(ren) health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the treat.

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E. Your Rights Regarding your IIHI

1. **Confidential communications:** You have the right to request that our practice communicate with you about you and/or your child (ren) health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, **you must make a written request to Privacy Officer, PO Box 31447, Myrtle Beach, SC 29588, O: 843.273.0077** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable request. You do not need to give a reason for your request.
2. **Requesting restrictions:** You have the right to request a restriction in our use or disclosure of your child(ren) IIHI for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your child(ren)IIHI to only certain individuals involved in your child(ren) care or the payment for your child(ren) care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child(ren). In order to request a restriction in our use or disclosure of your child(ren) IIHI, **you must make your request in writing to Privacy Officer: PO Box 31447, Myrtle Beach, SC 29588.** Your request must describe in a clear and concise fashion:
 - a. The information you wish restricted
 - b. Whether you are requesting to limit our practice's use, disclosure or both
 - c. To whom you want the limits to apply
3. **Inspection and copies:** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you and/or your child(ren), including patient medical records and billing records, but not including psychotherapy notes. **You must submit your request in writing to Privacy Officer, PO Box 31447, Myrtle Beach, SC 29588, O: 843.273.0077** in order to inspect and/or obtain a copy of you and/or your child(ren) IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Amendment:** You may ask us to amend you and/or your child(ren) IIHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, **your request must be made in writing and submitted to Privacy Officer, PO Box 31447, Myrtle Beach, SC 29588, O: 843.273.0077.** You must provide us with a reason that supports your request for amendment. **Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.** Also, we may deny your request if you ask us to amend information that is in our opinion; (a) accurate and complete, (b) not part of the IIHI kept by or for the practice, (c) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of disclosures:** All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of you and/or your child (ren) IIHI for non-treatment, non-payment or non-operations purposes. The use of you and/or your child(ren) IIHI as part of the routine patient care in our practice is not required to be documented. For example, the provider shares information with the clinical staff, or billing department using your information to file you and/or your child(ren) insurance claim. In order to obtain an accounting of disclosures, **you must submit your request to Privacy Officer, PO Box 31447, Myrtle Beach, SC 29588, O: 843.273.0077. All requests for an "accounting of disclosures" must state a time period, which may not be longer than 6 (six) years from the date of disclosure and may not include dates before October 2010.** The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a paper copy of this notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the **Privacy Officer, PO Box 31447, Myrtle Beach, SC 29588, O: 843.273.0077**
7. **Right to File a Complaint:** If you believe you and/or your child(ren) privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the **Privacy Officer, PO Box 31447, Myrtle Beach, SC 29588, O: 843.273.0077. All complaints must be submitted in writing. You will not be penalized for filing a complaint.**
8. **Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of you and/or your child(ren) IIHI may be revoked at any time in **writing.** After you revoke your authorization, we will no longer use or disclose you and/or your child(ren) IIHI for the reasons described in the authorization. Please note we are required to retain records of you and/or your child(ren) care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the **Privacy Officer, PO Box 31447, Myrtle Beach, SC 29588, O: 843.273.0077**