Agape Counseling Services, LLC

Notice of Privacy Practices

We would like you to be aware about how your protected health information may be used and how you can get access to this information.

**You have specific rights when it comes to your health information. Let us explain the responsibilities we have to you.**

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| Copy of Medical Record | You may ask to receive a copy of your records and a summary of your health information. Please allow 30 days to process your request. We may charge a reasonable fee in order to provide this service to you. |
| Correcting your medical records | You may want to correct some health information we have about you that is incorrect or incomplete. Please ask us. We will let you know within 60 days, if we will be able to do that for you. |
| Request confidential communication | If you'd like to be contacted in a specific way (home or office phone, email, etc) that is a reasonable request. |
| Asking limited use of what we share | You may request that certain information for treatment, payment or our operations not be shared. We are not required to agree with your request, and if it impairs your care, we may say no to your request.  |
| List of those we have shared information with |  You can ask for a list of the times we shared your information for six years prior to the date you asked, with who, what and why. We will include all information you asked for, once per year free of charge. Within 12 months, more requests will be charged a small fee.  |
| Copy of this privacy notice | We can provide you with a copy of this notice. |
| Choose someone to act for you | If someone is your power of attorney or legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has authority to act for you. |
| File a complaint if your rights are violated | A complaint can be filed 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. |

**For certain health information, you can tell us your choices about what we share. We will follow your instructions.**

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| In these instances, you have the right to tell us to: | Share information with your family, friends, or others involved in your care.Share information in a disaster relief situation.Include your information in a hospital directory. |
| In these cases, we never share you information unless you have given written permission | Marketing, sales of your information, sharing of therapy notes |

**Our Uses and Disclosure: How do we typically use or share your health information?**

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| Treating you | We can use your health information and share it with other professionals who are treating you. |
| Running our organization | We can use and share your health information to run our practice, improve your care and to contact you when necessary. |
| Billing for services | We can share your information to bill and receive payment from health plans and entities. |

**How else can we use or share your health information?**

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| Help with public health and safety issues | We can share your health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and preventing or reducing serious threat to anyone's safety or health |
| Research | We can use or share your information for health research |
| Law | If federal or state laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws. |
| Working with medical examiner or funeral director | Sharing information with a coroner, medical examiner, or funeral director when an individual dies. |
| Addressing workers' compensation, law enforcement, and other government requests | For worker's compensation claims, law enforcement purposes, oversight agencies authorized by law, probation officers, and for special government functions such as military, national security, and presidential protective services. |
| Responding to lawsuits and legal actions | Sharing information about you in response to a court or administrative order, or in response to a subpoena. |

Our Responsibilities:

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know if a breach occurs that may have compromised the privacy and security of your information.
* We must follow the duties and privacy practices described in this notice and offer you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can do so 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.
* We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available to you in our office.

If you believe your rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services. For more information, see www.hhs.gov/oct/privacy/hipaa/understanding/consumers/noticepp.html

I have reviewed this Notice of Privacy Practices for Agape Counseling Services and have been offered a copy for my records.

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

If client is a minor:

Parent/Guardian Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_