

Northwest Christian Counseling, LLC (NWCC)
 Notice of Privacy Practices
 Your Information.....Your Rights.....Our Responsibilities.....

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information.

**Your
Rights**

When it comes to your health information, you have certain rights.
 This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"> You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical records	<ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree with your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we have shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> You can file a complaint 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.

**Your
Choices**

For certain health information, you can tell us your choices about what we share.
 If you have a clear preference for how we share your information in the situations described below, talk to us.
 Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation. Include your information in a hospital directory (Note: NWCC does not maintain any sort of hospital directory.) <i>If you are not able to tell us your preference, e.g., you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i>
In these cases, we never share your information unless you give us written permission	<ul style="list-style-type: none"> Marketing purposes Sale of your information Most sharing of psychotherapy notes (Note: If your Counselor is a trainee, a NWCC Clinical Supervisor will have access to your information to provide supervision and consultation to insure the quality of your care. You will be notified at the initial contact if your Counselor is a trainee.)
In the case of fundraising	<ul style="list-style-type: none"> We may contact you for fundraising efforts, but you can tell us not to contact you again. These services does not participate in fundraising activities.)



How do we typically use or share your health information?
We typically use or share your health information in the follow ways.

Treat you	<ul style="list-style-type: none"> We can use your health information and share it with other professionals who are treating you. <p>Example: We may consult with another clinical staff member on procedures, resources, referrals and other information to insure we are providing you with the highest quality of care.</p>
Run our organization	<ul style="list-style-type: none"> We can use and share your health information to run our practice, improve your care and to contact you when necessary. <p>Example: Our administrative staff may access your information to contact you to reschedule an appointment or to complete billing for the services you receive.</p>
Bill for your services	<ul style="list-style-type: none"> We can use and share your health information to bill and receive payment from health plans and other entities. <p>Example: We will give information about you to your health insurance plan so it will pay for your services.</p>

How else can we use or share your health information?
We are allowed or required to share your health information in some other ways, as applicable to the services we provide.

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety
Do research	We can use or share your information for health research
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws
Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations (Note: NWCC does not share information with organ procurement organizations)
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> For workers' compensation claims For law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	We can share health 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 promptly if a breach occurs that may have compromised the privacy or 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/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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

Name (please print): _____ Signature: _____ Date: _____

If client is a minor:
Parent/Guardian Name (please print): _____ Signature: _____ Date: _____