



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW CAREFULLY.**

INTRODUCTION

This notice describes the privacy practices of Apex Counseling Services, LLC (hereinafter referred to as ACS). This notice applies to all of the health records that identify you and the care you receive from ACS. If you are under 18 years of age, your parents or guardian are responsible for signing and handling your privacy rights.

PRIVACY AND THE LAWS

We are required to provide this Notice of Privacy Policy due to federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPPA). We will follow the terms of the Notice while it is in effect and inform you of any changes. At ACS we believe that your mental health information is personal. We keep records of the care and services that you receive at our facility. We are committed to keeping your mental health information private, and we are also required by law to respect your confidentiality.

WHO WILL FOLLOW THIS NOTICE

Any healthcare professional authorized to enter information into your clinical record, all employees, staff and other personnel at the practice who may need access to your information must abide by this Notice of Privacy Practices. All business associates such as our billing electronic claims submission service and credit card submission for this practice may share information with each other for treatment, payment purposes or healthcare operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

PROTECTED HEALTH INFORMATION (PHI)

Any information we collect regarding your physical or mental health is called Protected health Information (PHI). This may include the intake assessment, counseling session, psychological testing, records requested from other treating professionals and payment for your care. All of this information comprises your clinical record, which may be stored as paper charts and files, computer and electronic data. This Clinical record is the property of ACS but the PHI in the Clinical record belong to you.

THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Use: This is when your information is read by your clinician or other approved ACS personnel for routine purposes (i.e., insurance billing)

Disclosure: This is when your information is shared with or sent to others outside of ACS.

Consent Form: By law, we may not treat you, unless you give us written authorization to use your PHI for the purposes of treatment, payment and healthcare operations. We may use and disclose this information without your specific consent.

Treatment: We may use and disclose your PHI to provide, coordinate or manage your mental health care and related services. For example, if we consult with other healthcare providers regarding your treatment with us, or if we refer you to another professional such as a physician or psychiatrist, for additional services.

Payment: We may use and disclose your PHI to bill you, your insurance provider or others, to be paid for the treatment we provide you. We may contact your insurance company to check exactly what your insurance covers. They may request information from us such as dates of services, your diagnosis, treatment received and planned, and progress made. We may also disclose limited PHI to consumer reporting agencies relating to collections of payments owed to us.

Mental Health Care Operations: We may use and disclose your PHI for mental health care operations to ensure that you receive quality care. For example, to review our treatment and services and to evaluate the performance of our staff as it relates to your care.

APPOINTMENT REMINDERS, TEST RESULTS AND TREATMENT INFORMATION

ACS may contact you to provide appointment reminders, test results or to give you information about other treatments or health-related services that may be of interest to you. Ways we may contact you include, but are not limited to voicemail messages, text messages, letters, and email unless you inform us otherwise, in writing.

OTHER USES AND DISCLOSURES NOT REQUIRING CONSENT OR AUTHORIZATION

The law lets us use and disclose some of your PHI without your consent or authorization, when required by law. There are some federal, state or local laws, which require us to disclose PHI. By law we are required to report:

- Suspected child and elder abuse or neglect
- Abuse and neglect of an incompetent adult (such as severely mentally retarded adult)
- Incidents of domestic violence

If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request or other lawful process, we may have to release some of your PHI. We will only do so after attempting to inform you of the request, consulting your lawyer or trying to get a court order to protect the information requested. We are required to release information to the government agencies whom check on us to ensure we are obeying the privacy laws. For Law Enforcement Purposes, we may release PHI if asked to do so by a law enforcement official to investigate a crime or criminal. For Public Health Activities, we may disclose PHI to coroners, medical examiners or funeral directors and to organizations relating to organ, eye, or tissue donations or transplants. For specific government functions, we may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to worker's compensation programs, to correctional facilities if you are an inmate, and for national security reasons. To prevent a serious threat to health and safety, if we believe that there is a serious threat to your health and safety, or that another person, or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

USES AND DISCLOSURES TO WHICH YOU HAVE AN OPPORTUNITY TO OBJECT

We may share your PHI with your family or others involved in your care such as close friends or clergy. You may inform us as to whom you wish us to contact and the limits of what we may share. We will honor your requests as long as they are not against the law. In an emergency we may share information if we believe it is what you would have wanted and is in your best interest. We will tell you as soon as possible of the action we have taken. We will discontinue such action at your request as long as it is not against the law.

YOUR PERSONAL HEALTH INFORMATION RIGHTS

Right to Request Restrictions: You may submit a written request indicating the PHI you wish to restrict, or limit being disclosed. We are not required to agree with your request.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures, made in writing, of your PHI for reasons including, but not limited to public purposes authorized by law and certain research. The request should specify the time period for the accounting. An accounting of disclosures will not provide a record of electronic records in excess of three years. An accounting of disclosures will not provide a record of paper records in excess of seven years.

Right to Amend: You may request in writing an amendment to your PHI that is incorrect or incomplete indicating a reason that supports your request. If we deny your request, you have the right to file a statement of disagreement with ACS. Such statements and our rebuttal will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Right to be Notified: ACS takes all reasonable steps to protect your PHI; however, if the privacy and security of your PHI is compromised, commonly known as a "breach," you have a right to be notified of the breach.

Right to Inspect and Copy: You may make a written request to inspect and copy your PHI. We may deny your request in limited circumstances, including psychotherapy notes, information for use in civil, criminal and administrative action and PHI to which access is prohibited by law. If we deny access, you may request the denial be reviewed by another licensed mental health professional, ACS reserves the right to charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Confidential Communication: You may specify, in writing, how or where you wish to be contacted by ACS regarding the confidential communication of your PHI. You do not need to give us a reason for such a request. We will accommodate all reasonable requests but reserve the right to deny those that impose an unreasonable burden on the practice.

Right to a Paper Copy of this Notice: You have a right to a separate copy of this notice at any time. To obtain a separate copy, please contact ACS at 614-751-1090 or through the ACS website at www.apexcounselingservices.com

USES AND DISCLOSURES WHICH YOU AUTHORIZE

If you need more information or have questions about the privacy practices described in this writing, please speak to the Privacy Officer whose name and telephone number appears below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with ACS and with the Secretary of the Federal Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

US Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(800) 368-1019

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U.S. Department of Health and Human Services
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