



Notice of Privacy Policy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Policy

Your privacy is important to us. This policy is complex because of the many federal and state laws, and our professional ethics. Because these rules are so complicated this notice is very detailed. You will probably need to read it several times to gain a complete understanding. If you have any questions, your counselor will be happy to help you understand our procedures and your rights.

With your consent, this practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your history, current reasons for treatment, treatment assessment results, diagnoses, treatment plan, records obtained from other providers, legal matters, and progress. If you receive services as a couple or family, your client record will include protected health information for each member. Your records with us are closed once the counseling relationship ends. If your counselor leaves the practice, your records will be maintained and protected by Guiding Compass Counseling or its custodian of records. In accordance with state requirements, adult records are destroyed seven years after the file is closed. Records for minors are destroyed seven years after the child turns 18 years of age.

Confidentiality

We protect your privacy by treating all of your protected health information as confidential. In addition, we maintain physical, electronic, and procedural safeguards that comply with federal and state regulations. We will use and disclose your protected health information for routine purposes to provide for your care. These include:

- maintaining your client record
- improving your care by coordinating with members of our group
- contacting you using your specified methods

In other circumstances, you will need to provide written authorization to request or disclose your protected health information outside treatment or healthcare operations. If you receive services as a couple or family, permission for release of protected health information must be given by all adult members. You may revoke your permission at any time. These include:

- coordinating treatment with other healthcare providers
- contacting a person you specify in the event of an emergency
- providing a written summary of treatment for legal or other purposes



At other times, we may be obligated by law to disclose your information without your consent. In those cases, we share only the minimum information necessary. Instances when we are obligated to share your information without your consent include:

- **Abuse** – If we have reason to believe that a minor child, elderly person, or person with a disability has been abused, abandoned, or neglected, we must report this concern or observations related to these conditions or circumstances to the appropriate authorities. We will do our best to coordinate these reports with you.
- **Serious Threat To Health or Safety** – If you communicate an explicit threat of imminent serious physical harm to yourself or others and we believe you may act on that threat, we have a legal right to take the appropriate measures by contacting medical/law enforce personnel. We may also notify and engage your identified emergency contact in order to ensure your safety. In both cases, we will disclose only what we feel is the minimal amount of information necessary.
- **Health Oversight Activities** – If the Texas State Board of Examiners of Professional Counselors is investigating a clinician that you have filed a formal complaint against, we may be required to disclose protected health information regarding your case.
- **Judicial and Administrative Proceedings as Required** – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, we may be compelled to provide the information. Although courts have recognized a clinician-client privilege, there may be circumstances in which a court would order the clinic to disclose personal health or treatment information. We will not release your information without attempting to notify you or your legally appointed representative.
- **Professional Harm** – If you disclose sexual contact with another mental health professional with whom you have had a professional relationship, we are required to report this violation to the licensing board. You have the right to anonymity in the filing of the report.
- **Public Health** – As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Correctional Institutions** – We may be required to disclose mental health information to a correctional institution or law enforcement official having lawful custody of protected mental health information of an inmate or client under certain circumstances.
- **National Security** – We may be required to disclose to military authorities the health information of armed forces personnel under certain circumstances. We may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.



Your Health Information Rights

The health and billing records we maintain are the physical property of Guiding Compass Counseling. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Obtain a paper copy of this Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office;
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact your counselor in person or in writing. Your counselor will provide you with assistance on the steps to take to exercise your rights.

Guiding Compass Counseling

4320 Windsor Centre Trail, Suite 600
Flower Mound, TX 75028
(972) 432-6500

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.



Our Responsibilities

This practice is required to:

- Maintain the privacy of your protected health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information;
- Notify you if there is a breach of your protected health information.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact your counselor.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to:

Guiding Compass Counseling
4320 Windsor Centre Trail, Suite 600
Flower Mound, TX 75028

You may also file a complaint through:

**U.S. Department of Health and Human Services
Office for Civil Rights**
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
<http://www.hhs.gov/ocr/privacy/hipaa/complaints>

Please note that:

- We cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint.



Changes to the Terms of This Notice

We reserve the right to amend, change, or eliminate provisions in our privacy practices, access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend this document. You are entitled to receive a revised copy of this document by calling and requesting a copy, or by visiting our office and picking up a copy. The most current version of this notice is available on our website at www.guidingcompasscounseling.com.

Effective Date

This notice is effective as of 4/1/2014.