



Community Counseling Center

Notice of Privacy Practices

This notice of Privacy Practices describes how the Protected Health Information (PHI) about you, the client, may be used and disclosed and how you can access this information. PLEASE REVIEW THIS INFORMATION CAREFULLY.

We understand that information about you is personal. We are committed to protecting your information. We create a record of care and services you receive at the office. We need this record to provide you with quality care and to comply with legal requirements. This notice tells you about the ways in which we use and disclose your records. We also describe your rights and the obligations we have regarding the use and disclosure of records.

Uses and Disclosures of Information:

We use PHI about you for important information, to obtain payment for treatment, and for the purposes of ensuring the quality of care you receive. We may contact you about appointments, treatment alternatives or other benefits that may be of interest to you. We will contact you according to permission granted on the client information form. We will provide information when required by law, such as to law enforcement in specific circumstances. Confidentiality will be varied if there is concern of harm to yourself or to others and in child abuse or elder abuse situations. In other situations, we will ask for your written authorization to disclose information. You can later revoke that authorization to stop any future uses and disclosures. See our Informed Consent and Payment Agreement for additional information.

For the purpose of ensuring quality services, our staff is involved in ongoing training and supervision. As deemed necessary by your clinician, cases and review of case notes may be discussed confidentially in consultation with other staff members. If your clinician needs to consult other professionals in our community, a release of information is available for you to sign.

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice of Privacy Practices and post the new notice in the waiting area. You can also request a copy at any time. For more information, contact the office manager or your counselor. Please remember that you may reopen the conversation about these issues at any time during our work together.

Individual Rights

In most cases, you have the right to look at or get a copy of information about you that we use to make decisions about you. If you request copies, we may charge you a reasonable fee. CCC may deny your request if it is believed that the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.



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You have the right to have your health information corrected if you believe it to be incorrect or incomplete. CCC may require you to make your request in writing and provide a reason, and may deny your request.

You also have the right to receive a list of instances where we have disclosed information about you for reasons of treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or that information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision made about access to your records, you may contact your counselor or the Executive Director of the agency who is serving as the HIPAA compliance officer. You also may send a written complaint to the U.S. Department of Health and Human Services. The office manager can provide you with the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices described in this notice. If you have any questions or complaints, please contact one of the persons below: Community Counseling Center office manager or Executive Director.

Client Signature: _____

Date: _____