



NOLA Counseling Center

HIPAA Policy Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED, DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Privacy Rights, Our Responsibilities

NOLA Counseling Center is required by law to protect the privacy of your health information and provide you with this Notice of Privacy Practices. This notice describes how we may use and share your health information and explains your privacy rights. The center will use or disclose your information only as described in this notice. We do, however, reserve the right to change our privacy practices and the terms of this notice and to make new provisions effective for all health information that we maintain. Revisions will be posted in the waiting area, and we will make a copy of revisions available to you upon your request.

If at any time, you may have questions or concerns about the information in this notice or about our agency's privacy policies, procedures, or practices, you may contact the director (Dr. Dottie M. Martin, Ph.D., LPC-S, NCC, (504) 610-9079).

Use and Disclosure of Protected Health Information without Authorization

The law permits NOLA Counseling Center to use or disclose your health information with your written consent or authorization for the following purposes:

- **Treatment** – We may use health information about you to provide treatment and service. We may disclose your health information to counselors, supervisors, or administrators at NOLA Counseling Center who are involved in your treatment. Because our counselors are graduate students in training, they are required to share information pertaining to your treatment with their clinical supervisor. In addition, counselors may share relevant details about your treatment during case staffing with our counselors and supervisors.
- **Operations** – We may use your health information for the purposes of operations. For example, your records will be reviewed by the staff to make sure that NOLA Counseling Center is the best place for you to receive treatment. In addition, your records may be reviewed by our Quality Assurance Team to assess the care, outcomes, and quality of service you received. Since our counselors are in training, supervisors will regularly review and co-sign files; your records may be reviewed during the course of completing evaluations of these counselors.
- **Contacting you** – We may contact you regarding an appointment, to respond to your contact, to notify you of your discharge, provide information about services that may be of interest to you, or assess satisfaction with ongoing treatment.
- **Other circumstances** – In addition, we may use or disclose your health information for the following purposes without your consent or authorization:
 1. as required or permitted by law (e.g., cooperation with law enforcement, court officials, or government agencies)

2. for health oversight activities (e.g., investigations, inspections, accreditation, licensure, etc.)
3. to avoid serious threat to health or safety
4. as authorized by worker's compensation laws or similar programs that provide benefits for work-related injuries or illness

Use and Disclosure of Protected Health Information That Requires Your Authorization

Except as provided in this Notice of Privacy Practices, NOLA Counseling Center will not use or disclose your health information without your written authorization. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing.

Your Rights Regarding Your Protected Health Information

You have several rights with regard to your health information. Specifically, you have the right to:

- Obtain a paper copy of this notice. You may request a written copy at any time.
- Receive confidential communications. You have the right to request in writing that NOLA Counseling Center only communicate to you in a certain format (e.g. in writing) and/or location (e.g. your work address). We will accommodate all reasonable requests.
- Inspect and copy protected information. This right is subject to certain legal restrictions. For example, this right does not apply to psychotherapy notes or information compiled for judicial proceedings. You may be charged a fee for copying or postage.
- Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed. We are not required to agree to your requested restriction, but we will consider your request and the possibility of accommodating it.
- Request to amendment. You have a right to request in writing that portions of your records be corrected when you feel information is incorrect or incomplete. We may deny your request if the information was not created by this agency or if we believe the information is accurate.
- Receive an accounting of disclosures. You have a right to receive an accounting of disclosures of your health information made by NOLA Counseling Center, except for disclosures such as treatment, payment, operations, and certain other disclosures provided by law.
- Complain. If you believe your health information privacy rights have been violated, you may contact the OCR Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth St., S.W., Atlanta, GA 30303-8909, (404) 562-7886. If you file a complaint, we will not take any action against you or change our treatment of you.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____