

WHEN WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION:

Except as described in this *Notice of Privacy Practices*, we will not use or disclose health information that identifies you without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

YOUR HEALTH INFORMATION RIGHTS:

You have the right: to a paper copy of this *Notice of Privacy Practices*, to request restrictions on certain uses and disclosures of your health information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed, (We reserve the right to accept or reject your request and will notify you of our decision.) to request that you receive health information in a specific way or at a specific location, (For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted.) to obtain access to or have a copy of your health information, with limited exceptions, (A reasonable fee may be charged for making copies. Under current Oklahoma law, fees of .25 per page are allowed. We may also charge for postage if the copies are to be mailed. If we deny your request for access or copies, you will be informed of your rights to appeal our decision.) to request that we amend your health information you believe is incorrect or incomplete, (Your request to amend must be in writing and include the reasons you believe the information is incorrect or incomplete. We are not required to change your health information and if we do not, we will provide you with information about our denial and how you can disagree with the denial. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect) to receive an accounting of disclosures made of your health information by us unless the disclosures were for purposes of treatment, payment, health care operations, certain government functions, or pursuant to your written authorization. You have the right to revoke your authorization to use or disclose health information except to the extent that this use or disclosure has already occurred.

OUR OBLIGATIONS

We are required to maintain the privacy of your confidential health information, provide you with this notice of our legal duties and privacy practices with respect to your health information, abide by the terms of this notice, notify you if we are unable to agree with a requested restriction on how your information is used or disclosed, accommodate reasonable requests you make to communicate health information by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted by law. We reserve the right to change this *Notice of Privacy Practices* at any time in the future. After an amendment is made, the revised notice will apply to all health information that we maintain. A copy of any revised notice will be made available to you at each appointment.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS

Federal law and regulations protect Use confidentiality of alcohol and drug abuse client records maintained by this organization. Generally, we may not say to a person outside the organization that a client attends a drug or alcohol program or disclose any information identifying a client as an alcohol or drug abuser. *Unless:* (1) The client consents in writing (2) The disclosure is allowed by a court order or (3) The disclosure is made to healthcare personnel in a healthcare emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

COMPLAINTS:

Complaints about this *Notice of Privacy Practices* or how we handle your health information should be directed to:

**Emily Cuadra
Counseling, LLC**

Chickasha, OK 73018
Phone: (405) 339-0503

NOTICE OF

PRIVACY PRACTICES Emily Cuadra Counseling, LLC

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

We make a record of the health care we provide and may receive such records from others. We use these records to provide or help other health care providers to provide quality health care, to obtain payment for services provided, and for administrative and operational purposes. The health record is the property of this organization.

How we may use or disclose your health information:

For Treatment: We use health information about you to provide your health care. We may disclose health information to others who are involved in providing the care you need. For example, we may share your health information with physicians or other healthcare providers who will provide services. We may share your health information with a pharmacist who needs it to fill a prescription for you or a laboratory that performs testing. We may also disclose health information to members of your family or others who can help you when you are sick or injured.

For Payment: We use and disclose health information about you to obtain payment for the services you receive. For example, a bill may be sent to you and/or to a third-party payer, such as an insurance company, health plan or the State.

For Health Care Operations: We may use and disclose health information about you to operate this organization. For example, we may use and disclose this information to review

For Health Care Operations: We may use and disclose health information about you to operate this organization. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may use and disclose health information about you to get your health plan to authorize services or referrals. We may also share your health information with our business associates, such as a billing service, that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your health information.

Appointment Reminders: We may use and disclose health information to contact and remind you about appointments. We may phone your home. If you are not home, we may leave the date and time of your appointment on your answering machine or in a message left with the person answering the phone.

Notification and Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose health information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable and unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Required by Law: We may use/disclose health information about you as required by law. For example, in certain circumstances, we may be required to disclose information for the following purposes: To report information related to victims of abuse, neglect or domestic violence; To assist law enforcement officials in their duties; To respond to judicial and administrative proceedings or, in the course of judicial proceedings, if you have waived your rights to confidentiality under Oklahoma law; and, To help health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and Oklahoma law.

Lawsuits & Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. If the lawsuit is a health negligence action, your health information may be disclosed without a court order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawsuit process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Public Health and Safety: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities prevent or control disease, injury, or disability, or for other health oversight activities. Your health information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

Specialized Government Functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Coroners/Funeral Directors: We may disclose health information to coroners or funeral directors in connection with their investigations of death to enable them to carry out their duties.

Workers' Compensation: Your health information may be used or disclosed as necessary in order to comply with laws and regulations related to workers' compensation.

Marketing: We may contact you to give you information about products or services related to your treatment or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your health information for marketing purposes without your written authorization.

Research: We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved the research.

Organ or Tissue Donation: We may disclose your health information or organizations involved in procuring, banking or transplanting organs and tissues.

By Oklahoma law we are required to notify you that your health information used or disclosed in this *Privacy Practices* may include records which may indicate the presence of communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).