

Insightful Heart Counseling  
1843 South Broadway Ave, Suite 201  
Boise, ID. 83706  
208-917-1863

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I understand that counseling information about you and your health is personal and I am committed to protecting your health information. I am required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you with this notice of my legal duties and privacy practices with respect to your health information. I am required to follow the terms of the notice that is currently in effect. If these terms change, I will provide you with an updated notice and the most up-to-date notice will be available on my website or upon request.

#### **How Your Counselor May Use Or Disclose Your Health Information:**

As your counselor, I protect the privacy of your health information. For some activities, I must have your written authorization to use or disclose your health information. However, the law permits me to use or disclose your health information for the following purposes without your authorization:

- For Treatment. In the course of our work together it may be necessary for me to disclose your private health information with other professionals to coordinate your care or to receive consultation.
- For Payment. I may use and disclose your health information so that my services may be billed to, and payment may be collected from you, an insurance company, or a third party.
- For Health Care Operations. I may use and disclose health information about you for clinical operations. Unless you provide us with alternative instructions, I may send visit reminders and other materials related to your health care to your home. These uses and disclosures are necessary to run the Clinic and make sure that you receive quality customer service.
- As Required by Law. I will disclose health information about you when required to do so by federal, state, or local law. I am required to report information to law enforcement in the following scenarios:

- a. If you are evaluated to be an imminent danger to yourself or others.
- b. If I believe a minor (child under the age of 18) or a vulnerable adult (elderly, disabled, or otherwise unable to care for self) is a victim of or at risk of abuse.
- To Avert a Serious Threat to Health or Safety. I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
  - Public Health Risks. I may disclose health information about you for public health activities. These activities generally include the following: 1)to prevent or control disease, injury, or disability 2)to report reactions to medications or problems with products 3) to notify people of recalls of products they may be using 4) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and 5) to notify the appropriate government authority if I believe a person has been the victim of abuse, neglect or domestic violence (I will only make this disclosure if you agree and when required or authorized by law).
  - For Health Oversight Activities. I may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections, and licensure.
  - Lawsuits and Disputes. If you are involved in a lawsuit or dispute, I may disclose health information about you in response to a court order or administrative order. I may also disclose health information about you in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you), or to obtain an order protecting the information requested.
  - For Specific Government Functions. I may disclose health information for the following specific government functions: 1)health information of military personnel, as required by military command authorities 2)health information of inmates, to a correctional institution or law enforcement official 3)in response to a request from law enforcement, if certain conditions are satisfied, and 4) for national security reasons.

### **Your Counselor May Not Use Or Disclose Your Health Information**

Except as described in this notice, I will not use or disclose your health information without your written authorization. If you do authorize me to use or disclose your health

information for another purpose, you may revoke your authorization in writing at any time.

### **You Have The Following Rights With Respect To Your Health Information**

- To request restrictions on certain uses and disclosures of your health information. I am not required to agree to a restriction that you request. If I do agree to any restriction, I will put the agreement in writing and follow it, except in emergency situations. I cannot agree to limit the uses or disclosures of information that are required by law.
- To inspect and copy your health information as long as the clinic maintains the health information. Your health information usually will include treatment and billing records. To inspect or copy your health information, you must submit a written request to the office that provided your services. I may charge a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. I may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. You have a right to choose to obtain a summary instead of a copy of your health information.
- To request that I amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request (form available from your clinic), along with the reason for the request. I am not required to amend health information that is accurate and complete.
- To request communications of your health information by alternative means or at alternative locations. For example, you may request that I contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request. Your request must state how or when you would like to be contacted.

### **Changes To This Notice Of Privacy Practices**

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for health information I already have about you as well as any information I receive in the future. Any revised notice will be posted on the website and in the office. Upon request, I will provide a revised notice to you.

### **For More Information Or To Report A Problem**

If you have questions or would like additional information about our privacy practices, you may contact the Secretary of Health and Human Services. If you believe your privacy

rights have been violated, you can contact the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on July 13, 2021.