## **NOTICE OF PROVIDER PRIVACY PRACTICES**

## 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.

Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC, must maintain the privacy of your personal health information and give you this notice that describes her legal duties and privacy practices concerning your personal health information. In general, when she releases your health information, she must release only the information she needs to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form giving permission to release your information to anyone of your choosing, if you request the information for yourself, or due to a legal requirement. She must follow the privacy practices described in this notice.

However, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC reserves the right to change the privacy practices described in this notice, in accordance with the law. Changes to these privacy practices would apply to all health information she maintains. If she changes her privacy practices, you will receive a revised copy.

<u>Without your written authorization</u>, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC can use your health information for the following purposes:

- 1. Treatment: She will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC may use the information in your medical record to determine which treatment option best addresses your mental health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.
- **2. Payment:** In order for an insurance company to pay for your treatment, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC must submit a bill that identifies you, your diagnosis, and the treatment provided to you. If applicable, she will pass such health information onto an insurer in order to help receive payment for your medical bills.
- **3. Health Care Operations:** Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care she delivers. These quality and cost improvement activities may include examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

In addition, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC may want to use your health information for appointment reminders. For example, she may look at your medical record to determine the date and time of your next appointment with her, and then send you a reminder letter to help you remember the appointment. Or, she may look at your medical information and decide that another treatment or a new service she offers may interest you.

Sometimes Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC must report some of your health information without your authorization. These situations include: As required by law (law enforcement officials, court officials, government agencies, abuse/neglect): Public health issues (disease

control, food and drug requirements, birth/death information, information related to abuse/neglect, work related illness/injury): Health Oversight: Activities related to death (coroners, medical examiners, and funeral directors): Research: Military, National Security, Incarceration/Law enforcement custody: Worker's Compensation; Company Directory.

**NOTE:** Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to:

**Allied Counseling Services, PLLC** 

Attn: Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC

## **Your Health Information Rights**

You have several rights with regard to your health information.

- 1. Inspect and copy your health information: With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC may charge you a reasonable fee if you want a copy of your health information.
- **2. Request to correct your health information:** If you believe your health information is incorrect, you may ask Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC did not create the health information that you believe is incorrect, or if she disagrees with you and believes your health information is correct, she may deny your request.
- **3.** 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, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to authorities involved with disaster relief efforts. However, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC is not required to agree in all circumstances to your requested restriction.
- **4. As applicable, receive confidential communication of health information:** You have the right to ask that Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC must accommodate reasonable requests.
- **5. Receive a record of disclosures of your health information:** In some limited instances, you have the right to ask for a list of the disclosures of your health information Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC has made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and she may not charge you for the list, unless you request such list more than once per year. In addition, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC will not include in the list disclosures made to you, or for the purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.
- **6. Obtain a paper copy of this notice:** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.
- **7. Complain:** If you believe your privacy rights have been violated, you may file a complaint with Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC and with the federal Department of Health and Human Services. She will not retaliate against you for filing such a complaint. To file a complaint

with either entity, please contact Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, LLC, who will provide you with the necessary assistance.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact:

Allied Counseling Services, PLLC Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

By signing this form, you acknowledge that **KRISTY PALACIOS**, **MA**, **LPC**, **MANAGING MEMBER OF ALLIED COUNSELING SERVICES**, **PLLC** has provided this Privacy Notice, which explains how your health information will be handled in various situations. She must try to have you sign this form on your first date of service with her after April 14, 2003.

If your first date of service with her was due to an emergency, Kristy Palacios, MA, LPC, Managing Member of Allied Counseling Services, PLLC must try to give you this notice and get your signature acknowledging receipt of this notice as soon as she can after the emergency.

Check all t	that are true:					
[] I have received ALLIED COUNSELING SERVICES, PLLC's Privacy Notice.						
-	Palacios, MA, LPC, Managing y concerns and questions abo		_	_	en me the	chance to
Patient's F	Printed Name	<del></del>				
Patient's S	Signature	<del></del>	Date		-	
	lacios, MA, LPC, Managing dgement Form is not signed:	Member of Allied	d Counseling Se	ervices, PLLC	should co	mplete if
Does patie	ent have a copy of the Privac	y Notice?				
[ ] Yes	[] No					
-	plain why the patient was u Member of ALLIED COUNSEI	_	_		-	