

Notice of Privacy Practices

ST. CROIX VALLEY COUNSELING, LLC

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715-961-1055

<https://www.stcroixvalleycounseling.com>

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) and Client Privacy Statement

EFFECTIVE DATE OF THIS NOTICE - This notice went into effect on January 2, 2022, updated on January 25, 2023

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. THE PLEDGE OF ST. CROIX VALLEY COUNSELING, LLC REGARDING HEALTH INFORMATION:

At St. Croix Valley Counseling, LLC, we understand that health information about you and your health care is personal. We are committed to protecting health information about you. A record of the care and services you receive from your therapist is created, which is necessary to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by St. Croix Valley Counseling, LLC. This notice will tell you about the ways in which we may use and disclose health information about you. Your rights to the health information kept about you and certain obligations regarding the use and disclosure of your health information are described. St. Croix Valley Counseling, LLC is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- St. Croix Valley Counseling, LLC can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

II. HOW ST. CROIX VALLEY COUNSELING, LLC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. Each category of uses or disclosures will be explained and some examples provided. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, we may be obligated to disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful 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.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** Only psychotherapy notes collected by a psychotherapist during a counseling session are considered PHI. If those notes are kept separate from a client's medical records, HIPAA requires that they be treated with higher standards or protection than other PHI. It is not the practice of St. Croix Valley Counseling, LLC to keep psychotherapy notes as that term is defined in 45 CFR § 164.501, or to keep any client notes separate from the client's file.
2. **Marketing Purposes.** St. Croix Valley Counseling, LLC will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** St. Croix Valley Counseling, LLC will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, your PHI can be used and disclosed without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. St. Croix Valley Counseling, LLC may use and disclose your PHI to contact you to remind you that you have an appointment with your therapist. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. **Disclosures to family, friends, or others.** Your therapist may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask St. Croix Valley Counseling, LLC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and may say "no" if we believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How St. Croix Valley Counseling, LLC Sends PHI to You.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** You have the right to get an electronic or paper copy of your medical record and other information that we have about you. You will be provided with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and may be charged a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures Made by St. Croix Valley Counseling, LLC.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. Your request for an accounting of disclosures will be responded to within 60 days of receiving your request. The list provided will include disclosures made in the last six years unless you request a shorter time. The list will be provided to you at no charge, but if you make more than one request in the same year, You will be charged a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say "no" to your request, but will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

MINORS

If you are under 18, you may request that information about you be kept from your parents/guardians. You must give your therapist your request in writing, describe the information, and why you do not want your parents/guardians to see it. If, after reviewing the request, your therapist believes that giving information to your parents/guardians is not in your best interest, that information will not be shared. If

your therapist believes this information could be safely shared with your parents/guardians, your therapist may say "no" to your request but will tell you why.

If you are 14 years of age, you may ask for mental health services without the consent of your parents/guardians, but you may have to pay for the services if you do not want your parents/guardians to know.

YOU MAY FILE A COMPLAINT

If you believe your privacy rights have been violated, you can file a complaint with St. Croix Valley Counseling, LLC's HIPAA Privacy Officer, Joy Solano, or with the United States Department of Health and Human Services at:

Medical Privacy Complaint Division, Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue SW, Room 509F, HHH Building

Washington, DC 20201

1-800-368-1019

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE RECEIVED A COPY OF HIPAA NOTICE OF PRIVACY PRACTICES AND HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.