Destin Counseling Services

Notice of Privacy Practices

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This document describes how information about you may be used and disclosed and how you can have access to this information. **PLEASE REVIEW CAREFULLY.**

This notice of privacy describes how we may use and disclose your **Protected Health Information (PHI)** to carry out our work together, payment and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change there terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing you with a copy at your next appointment. The following categories describe different ways that we use and disclose your PHI:

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by Destin Counseling services, our employees and others that are involved in your care for the purpose of providing services to you. Your protected health information may be disclosed to pay for the services provided by Destin and its operations.

For Counseling: Your PHI may be used and disclosed by those who are involved in working with you for the purpose of providing, coordination, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For payment (example): We may use or disclose PHI so that we can receive payment for services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose th minimum amount of PHI necessary for purposes of collections.

Treatment Alternatives: We will inform you or recommend possible treatment options or alternatives that may be of interest to you.

Required by law: We must make disclosures of your PHI when required to do so by federal, state, or local law.

With Authorization: Uses may use or disclosures not specifically permitted by applicable law will be made only iwht your written authorization, which may be revoked.

Verbal Permission: We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigation.
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent to lessen the threat including the target of that threat.

Your Rights: You have the follow rights regarding your personal PHI maintained by our office: Complaints: If you believe your privacy rights have been violated, you may file a complaint with Destin Counseling Services or with the Secretary of the Department of Health and Human Services. To file a complaint with our office contact J.T. Ferguson at (317) 88-4-5012. You all not be penalized for filing a complaint.