



NOTICE OF PRIVACY PRACTICES
For Planting Seeds Counseling and Coaching, PLLC

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your information is important to us.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice regarding our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on October 1, 2008 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before we make a significant change in our privacy practices, we will change this Notice and make the new one available to you in our office as well as on our website.

When you receive treatment or services from Planting Seeds Christian Counseling, a record will be created to document the visit. This record will include information about you/your child's past, present or future physical and/or mental health condition, the diagnosis and treatment plan for you/your child. Planting Seeds Christian Counseling may not make, use or disclose any information from your record unless you give your written authorization, except as described in this Notice. You may revoke an authorization in writing at any time, but it will not affect any use or disclosure made by us before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insured may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

Use and/or Disclosure of Protected Health Information (PHI)

We may use the information in your record as a basis for planning your care and treatment. We may disclose information in your record to help you get health care services from another healthcare provider, such as a hospital, family physician or psychiatrist. We may consult with another professional about your case.

We may disclose information from your record to obtain payment for the services you receive. If we are filing with your insurance company, we may have to determine eligibility and coverage or submit a claim that will include your diagnosis in order to receive reimbursement.

We may also use and disclose your PHI for certain healthcare operation. We may share that information with separate entities to provide services for us. These Administrative Services Providers may require your health information in order to accomplish the tasks that we ask them to provide, provided we have a written contract with them that prohibits them from disclosing your PHI. For example, billing services, collection agencies, answering services and computer software/hardware providers. Your PHI may also be used for staff training and improving services.

Patient Rights

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a requested restriction.

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. This request must be made in writing.

You have the right to inspect and obtain a copy of your health record with very limited exceptions. This request must be made in writing and access or denial will be provided within 30 days.

You have the right to request an amendment to your record. You may request that we limit some of the ways in which we use or share your information. Your request will be considered but we are not required by law to agree to it. This request must be made in writing.

You have the right to receive an accounting of certain disclosures made by us. On your written request, we will discuss with you the details of the accounting process.

You have the right to receive a copy of this Notice.

Uses and Disclosures Required/Allowed Without Your Permission

We may disclose your PHI without your permission. We will use professional judgment before so doing and will only do so to the extent that the use or disclosure is required by law.

- If we believe that you or your child has been a victim of child abuse or neglect.
- If we believe you or others are in imminent danger, we will disclose to medical or law enforcement.
- We may disclose information for research with certain limitations and conditions.
- We may disclose your PHI in criminal or civil proceedings if a court or judge has issued an order or subpoena that requires us to do so.
- We may use your information to remind you about scheduled appointments.

Complaint Process

You the right to complain to Planting Seeds Christian Counseling about our privacy practices (including the actions of our Administrative Service Providers) at 469-287-5502 with respect to the privacy of your health information. You have the right to complain to the Secretary of the Department of Health and Human Services at 1-800-369-1019 about our privacy practices. You will not face retaliation from us for making such complaints.



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____, have received a copy of Planting Seeds Counseling and Coaching's Notice of Privacy Practices.

Signature

Date

Signature

Date

For office use only

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Specify below)
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