

Prairie Counseling Services' Notice of 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 THIS NOTICE CAREFULLY.

Prairie Counseling Services (also referred to as PCS) is required by law to maintain the privacy of your health information and to provide you with this Notice, advising you of our duties and privacy practice requirements. We are required to adhere to the terms of this Notice. PCS reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that we maintain. This Notice takes effect 4/14/03. If you have any question about any part of the Notice, or if you want more information about PCS's privacy practices, please contact our Privacy Officer at 1460 W. Main Street, Sun Prairie, WI 53590.

USES AND DISCLOSURE OF HEALTH INFORMATION

The following categories describe the way that PCS may use and disclose your health information.

- 1. Payment.** We may use or disclose your health information to obtain payment from third parties, such as insurance companies or collection agencies, for the services we provide.
- 2. Health Care Operations.** We may use or disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluation of practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.
- 3. Treatment.** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- 4. Public Health/Personal Safety.** As required by law, we may disclose your health information to public health authorities for purposes related to (a) preventing or controlling disease, injury or disability, (b) reporting child abuse or neglect, (c) reporting domestic violence, (d) reporting problems with products and reactions to medications to the Food and Drug Administration and (e) as required by any other federal, state, or local law. In addition, we may, consistent with applicable law and ethical standards of conduct, disclose your health information if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- 5. Legal Issues/Law Enforcement.** We may use or disclose your health information to other agencies for authorized activities including audits; civil administration or criminal investigations; inspections, licensure or disciplinary action; court ordered requests or in response to a subpoena. In certain circumstances, federal regulations require us to use or disclose your health information to facilitate specified government functions related to military and veterans, national security and intelligence activities, protective services for the President and others. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances.
- 6. Deceased Persons.** We may use or disclose health information about a deceased person to coroners, medical examiners or other law enforcement personnel.
- 7. Families, Friends and Others Involved in Your Health Care.** We may use or disclose your health information to family members, friends or others that you identify as being involved in your health care or payment for your health care. We may do so with your permission or, if you are present, if you do not object when given the opportunity. If you are incapacitated or are not present, we may use our professional judgment to determine whether the disclosure is in your best interest under the circumstances. Also, we may use your health information

to provide you with appointment reminders (such as voice mail messages, text messages or letters) or notification of cancellations.

If you choose to communicate via e-mail, there is no guarantee that said e-mails will be secure and may be intercepted by third parties or improperly accessed during transmission.

YOUR RIGHTS REGARDING THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

We will not use or disclose your health information without your written authorization except as described in this Notice or Privacy Practices. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization but we will be unable to take back any disclosures we have already made with your permission.

1. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. However, PCS is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to our Privacy Officer at the address shown on the last page of this Notice.

2. Right to Request Confidential Communications. You have the right to request that PCS communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that we only communicate with you at a certain telephone number or e-mail. If you wish to request confidential communications, you must submit your request in writing to our Privacy Officer.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information. To inspect and copy your information, you must submit your request in writing to our Privacy Officer. In certain circumstances, information may be withheld from current clients if it is determined that the information may be unduly harmful to the client's well-being. If you request a copy of the information, we will charge you a reasonable fee to cover expenses associated with your request (\$0.25 per page, \$5.00 for staff time, and applicable postage if mailed).

4. Right to Request Amendment. You have the right to request that PCS amend health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to our Privacy Officer. You must also provide the reason for your request.

5. Right to Accounting of Disclosures. You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for responding to these additional requests.

6. Right to Paper Copy. You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to Prairie Counseling Services, 1460 W. Main Street, Sun Prairie, WI 53590.

7. Complaints/Questions. Complaints about this Notice of Privacy Practices or how we handle your health information should be submitted in writing to our Privacy Officer. In addition, if you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. Any questions should be mailed to: Privacy Officer, Prairie Counseling Services, 1460 W. Main Street, Sun Prairie, WI 53590.