FAMILY SOLUTIONS COUNSELING CENTER

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 IT CAREFULLY.

Family Solutions Counseling Center, LLC (the "Practice") is committed to protecting your privacy. We are required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. We are also required to provide you with this Notice of Privacy Practices (this "Notice"), which explains our legal duties and privacy practices and your rights regarding the PHI that we collect and maintain.

Your Rights

When it comes to your health information, you have certain rights. This section explains those rights and our responsibility is to assist you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communication

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- Out-of-Pocket Payments: If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will verify the person's authority before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference, talk to us.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are unable to tell us your preference (e.g., if you are unconscious), we may share your information if we believe it is in your best interest or to lessen a serious and imminent threat to health or safety.

In these cases, we NEVER share your information unless you give us written permission:

- Marketing purposes or the sale of your information.
- Most sharing of psychotherapy notes.

Fundraising:

- We may contact you for fundraising efforts, but you have the right to opt-out of receiving these communications. (Note: Family Solutions Counseling Center does not currently engage in fundraising).

Our Uses and Disclosures

How do we typically use or share your health information?

- Treat you: We use your PHI and share it with other professionals who are treating you. Example: A specialist treating you asks us about your care history.
- Run our organization: We use and share your PHI to run our practice, improve your care, and contact you when necessary. Example: We use PHI to manage your treatment and services.
- Bill for your services: We use and share your PHI to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.
- Appointment Reminders: We may use and disclose PHI to contact you as a reminder that you have an appointment.

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good. We must meet many legal conditions before we can share your information for these purposes:

- Help with public health and safety issues (preventing disease, reporting abuse/neglect, or reducing a serious threat).
- Do research.
- Comply with the law (including Department of Health and Human Services audits).
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions (in response to a court order or subpoena).

Special Protections for Substance Use Disorder Records

Use and Disclosure of Records Subject to 42 CFR Part 2: If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 C.F.R. Part 2. This law provides extra confidentiality protection.

- Written Consent: Disclosure of these records generally requires your explicit written consent.
- Exceptions: We may disclose SUD records without your consent only in limited circumstances: (a) Medical Emergencies, (b) Reporting Crimes on Program Premises, (c) Suspected Child Abuse or Neglect reporting, and (d) Court Orders meeting specific Part 2 requirements.
- Redisclosure: Information protected by Part 2 cannot be used to criminally investigate or prosecute a patient unless a specific court order is issued.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by notifying us in writing.
- Business Associates: We may share PHI with "Business Associates" (e.g., billing services, software providers) who perform functions on our behalf. They are also required by law to safeguard your PHI.
- State Law: Where Louisiana state law provides greater protection or rights regarding your health information than HIPAA, we will comply with the stricter state law.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website at www.familysolutionscounseling.org.

Electronic Communication (Email/Text)

As a courtesy, Family Solutions Counseling Center, LLC may utilize email and/or text messaging to communicate with clients. Please be aware that the security of these mediums cannot be guaranteed. There are risks that PHI contained in emails or texts could be intercepted or read by unintended third parties. By providing your email or phone number, you acknowledge these risks.

Contact Information

To exercise your rights, ask questions, or file a complaint, please contact:

Family Solutions Counseling Center

1105 Hudson Lane, Monroe LA 71201

Phone: 318-322-6500

Website: www.familysolutionscounseling.org