



## Notice of Privacy Practices

This notice describes how confidential information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

St. Louis Counseling & Wellness is a private business entity that provides assessment, treatment planning, education and counseling. St. Louis Counseling & Wellness is dedicated to protecting all confidential information we collect and use in providing services. We follow all requirements of Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Federal Confidentiality Law 42 CFR, Part 2. At times, St. Louis Counseling & Wellness may contract with insurance companies, health care agencies, corporations, employers, social service agencies and educational institutions. We may share your health information with the above-named entities for the purpose of treatment, payment or medical records. The information contained in this notice will explain how St. Louis Counseling & Wellness may use and disclose your medical information, our obligations related to the use and disclosure of your medical information, and your rights related to any medical information that we have about you.

### **Uses and Disclosures of Medical Information that do not require your authorization:**

We can use or disclose health information without an authorization when there is an emergency, when we are required by law to treat you, or when we are required by law to use or disclose certain information. We may use or disclose your health information without your authorization in the following circumstances:

- When it is required by federal, state or other law;
- When it is needed for public health activity;
- When reporting victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities;
- When disclosing information for judicial and administrative proceeding;
- When disclosing information for law enforcement purposes;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat;

### **Planned Uses and Disclosures:**

We may use or disclose health information for any of the purposes described in this section unless you affirmatively have objections or wish to place restrictions on a particular release. You may direct your objections or restrictions in writing to your provider.

- We may use or disclose your health information to contact you and remind you about an appointment.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.

- We may use demographic information about you, including your names, address, phone number and dates that you received services to contact you and seek support for St. Louis Counseling & Wellness.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts. For example, the American Red Cross.

#### **Other Uses and Disclosures:**

If you provide us written authorization to use or disclose your health information, you can change your mind and revoke your authorization at any time, as long as you revoke your authorization in writing. If you revoke your authorization, we will no longer use or disclose the information, but we will not be able to take back any disclosures that we have already made.

#### **Your Confidential Personal and Health Information Rights:**

You have the right to the following:

- Inspect and copy your health information. There are certain exceptions to this. If you request copies of information, we may charge a fee for costs associated with your request, including the cost to copies, mailing and other supplies.
- Request restriction on certain uses and disclosures of your personal and health information.
- Request that we amend your confidential information. We will review your request and may or may not make the change. If we deny your request, we will provide you with information about our denial and how you can disagree with our denial.
- Receive an accounting of any disclosures of your personal information, except that we do not have to account for the disclosures needed for treatment, payment, operations or for military, national security, prisoner or government benefits purposes.
- Receive a paper copy of this notice.

#### **Changes to this Notice**

St. Louis Counseling & Wellness reserves the right to amend or change this Notice at any time and to make any changes effective for all information that we maintain, including information already created or received. Until any changes are made, we are required by law to comply with this Notice. If we revise our Notice, a new copy will be provided to those receiving services.

Complaints about this Notice or our handling of your confidential information can be directed to our Privacy Officer. If you are not satisfied with the manner in which we handle a complaint, you may submit a formal complaint to the Department of Health and Human Services, Offices of Civil Rights.