**Red Door Counseling and Consultation**

**Notice of Privacy Practices and Client Rights**

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.

**Our commitment to your privacy**

We are dedicated to maintaining the privacy of your protected health information (PHI) as part of providing professional care in accordance with state and federal laws and the ethics of the counseling profession. We are required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to keep confidential all forms of information about you that we use or disclose that may identify you and that relates to your past, present or future physical or mental health or condition and related health care.

**How we use and disclose your protected health information with your consent**

We will use and disclose your mental health records only for the following purposes:

* Treatment, which means providing, coordinating, or managing health care 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. We may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.
* Payment, which means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review.
* Health care operations, which include the business aspects of running our practice such as conducting quality assessment and improvement activities, audit functions and customer service

If we want to use or send, share, or release your PHI for other purposes, we will discuss this with you and ask you to sign an authorization form. A written authorization will allow you to use or send, share or release your PHI for any other purposes.

**Disclosing your health information without your consent**

There are times when we may be required to use or share your information without your written consent. These include:

* When there is a serious threat to you or another person's health and safety. We will only share information with persons who are able to help prevent or reduce the threat, including the target of the threat.
* When we are required to do so by lawsuits and other legal or court proceedings, such as by subpoena.
* As mandated reporters we must report if vulnerable persons are being harmed physically, sexually or emotionally. This may include minors, elders and developmentally delayed adults.

**Your rights regarding your health information**

* You can request the form of communication that is most private for you for scheduling or reminder calls of appointments.
* You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. We are, however, not required to agree to a requested restriction.
* You can look at and obtain copies of the health information we have about you, such as your mental health and billing records.
* If you believe that the information in your records is incorrect or missing something important, you can make amendments to your records. You have to make this request in writing and tell us the reasons you want to make the changes.
* You have a right to receive an accounting of disclosures of PHI.
* You have the right to a copy of this notice. We reserve the right to change this notice. If we do, we will post the new notice, and you may request a written copy of the revised notice.

If you believe your privacy rights have been violated, you have the right to file a written complaint with our office, and/or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

The effective date of this notice is 07/01/2017