



Christian Counseling and Educational Foundation  
New England Affiliate Office  
160 Palmer Court, Suite 1D  
White River Junction, VT 05001  
TEL: (802) 356 – 9065

## **Provider Notice of Privacy Practices**

*This notice describes how we use Personal Health Information (PHI) and how you can access your records.*

**What “Personal Health Information” (PHI) is:** Your PHI is the information created or received by anyone at CCEF New England related to your past, present, or future physical or mental health; providing your counseling; payments for counseling, etc. Counseling notes, contact information, schedule of visits and medical records you release to us are examples of PHI.

**How we use and share information about you:** We use PHI to help your counselor care for you, to obtain payment for your care, for administrative purposes, and to evaluate the quality of care we provide. Because we value the continuity of your care, we may share our records with other care givers if you authorize us to do so. In certain rare situations we are permitted or required by law to disclose PHI without your authorization. Those are described below. Except in those cases, however, we will ask you for written authorization before disclosing any PHI about you to anyone.

### **Common examples of how we might use or disclose protected health information:**

Treatment: We may disclose your PHI to provide, coordinate, or manage your counseling and any related services. For example, in an emergency situation, your PHI may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

Payment: Your PHI may be used in activities related to obtaining payment for your counseling care services. For example, if your church is paying for some of your counseling, we will need to interact with them to receive payment as well as to coordinate care where that is both wise and possible.

Healthcare Operations: We may use your PHI in order to improve and evaluate our quality of care. For example, when we review employee performance, we may look at what an employee has documented in your record.

Business Associates: We may share your PHI with a third party ‘business associate’ that performs various activities (e.g. billing, auditing). If our arrangement with a business associate ever involves the use or disclosure of your PHI, we will have a written contract containing terms that protect the privacy of your PHI.

### **Your rights:** You have the right to:

Inspect or obtain a copy of your PHI, unless we determine in the exercise of our professional judgment that this is reasonably likely to endanger your life or well-being. If you request copies of your PHI, we will inform you of the copying fees beforehand.

Request a restriction on disclosing your PHI. You may ask us not to disclose certain parts of your PHI for treatment, payment or healthcare operations. You must request restrictions specifically, and to whom they apply. We are not required to agree to your request, but if we do agree we must act accordingly.

Request that we amend information you believe is incorrect. If we deny your request, we will include your written statement of disagreement in your personal counseling record.

Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will not require an explanation from you as to the basis for the request.

Receive an accounting of certain kinds of disclosures of your PHI. You may request a list of disclosures made by us other than for treatment, payment, and health care operations. The list will not include disclosures made to you, disclosures for which you signed an authorization, or disclosures for which we are not required to keep a record.

Obtain a paper copy of this notice from us at any time, even if you have already received an electronic copy.

### **Opportunity to Object to PHI Disclosure**

You have the right to object to the use or disclosure of your PHI in the following instances. If you are not present or able to object, then your counselor may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Mental Health Care: You may request that information not be disclosed to family members or friends who may be involved in your care.

Emergencies: In an emergency treatment situation, we will provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Communication Barriers: We may use and disclose your PHI if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

### **Disclosures of PHI for which your authorization is not required and you do not have the opportunity to object:**

Public Health: For public health purposes to a public health authority when permissible or mandated by law.

Health Oversight: To a health oversight agency for legally prescribed activities, (e.g. audits, investigations, inspections).

Abuse or Neglect: To an appropriate authority to report child/dependent abuse or neglect, or domestic violence.

Legal Proceedings: In the course of legal proceedings and as required by law.

Law Enforcement: To aid law enforcement, to prevent a crime or to give information about a victim of a crime.

Research: To researchers if their research has been approved by an Institutional Review Board or Privacy Board.

Armed Forces Personnel: To appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published notice in the *Federal Register* of: (a) Who appropriate military command authorities are, and (b) the purposes for which the PHI would be used.

Inmates: To custodians of inmates, as necessary and stipulated by law.

National Security: In certain rare situations to preserve national security.

Workers' Compensation: To comply with workers' compensation laws.

**Our legal duty to you:** We are required by law to protect the privacy of your PHI according to the rules laid out in this notice, to provide you with a copy of this notice, and to seek your acknowledgement that you have read this notice to your satisfaction. Before we make significant change to our policies, we will post an updated notice in the waiting area. You can also request a copy of our notice at any time. For more information, contact the person listed below.

**Complaints:** If you feel that we have violated your privacy rights or wrongly given access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.

Andy Engert, Director of Counseling  
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