



Christian Counseling and Educational Foundation
2590 Holman Ave, Suite D
Billings, MT 59102

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FAX: (406) 294-5532

Provider Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION (PHI) AND COUNSELING NOTES ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Key Issues:

Uses and Disclosures: We use Protected Health Information (PHI), including Counseling Notes about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and our records may be shared with other providers to whom you are referred. We may use or disclose identifiable PHI and/or counseling notes about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable PHI and/or counseling notes about you.

Your rights: In most cases, you have the right to look at or get a copy of your PHI, excluding your counseling notes. If you request copies of your PHI, we will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Counseling notes are notes recorded by a counselor documenting or analyzing the contents of conversations during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your record. Although we are **permitted** to allow you access to your counseling notes, we may refuse such access if we determine in the exercise of our professional judgment that such access is reasonably likely to endanger your life or well being.

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact:

Cecelia Bernhardt, Clinical Director
Christian Counseling and Educational Foundation
1803 Willow Grove Avenue
Glenside, PA 19038
(215) 884-7676

Further Details:

1. Uses and Disclosures of Protected Counseling Information

Following are examples of the types of uses and disclosures of your PHI and/or counseling notes that the counselor is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: We will use and disclose your PHI and/or counseling notes to provide, coordinate, or manage your mental health care and any related services. For example in an emergency situation, your PHI and/or counseling notes 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 and/or counseling notes will be used, as needed, in activities related to obtaining payment for your counseling care services. For example, if you are able to obtain reimbursement from your insurance company, we will need to submit a diagnosis code and dates of counseling sessions in order for the company to process your request for payment.

Healthcare Operations: We may use or disclose, as needed, your PHI and/or counseling notes in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

Business Associates: We may share your PHI and/or counseling notes with a third party 'business associate' that performs various activities (e.g., billing or auditing). Whenever an arrangement between us and a business associate involves the use of disclosure of your PHI and/or counseling notes, we will have a written contract that contains terms that will protect the privacy of your PHI and/or counseling notes.

Marketing: We may use or disclose certain personal information in the course of providing you with information about treatment alternatives, training opportunities, or fund-raising. You may contact us to request that these materials not be sent to you.

Written Authorization

Other uses and disclosures of your PHI and/or counseling notes will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing.

Opportunity to Object

We may use and disclose your PHI and/or counseling notes in the following instances. You have the opportunity to object. 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: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you authorize, your PHI and/or counseling notes that directly relates to that persons involvement in your mental health 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 and/or counseling notes 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.

Without Opportunity to Object

We may use or disclose your PHI and/or counseling notes in the following situations **without** your authorization or 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 activities authorized by law, such as audits, investigations, and inspections.
- Abuse or Neglect: To an appropriate authority to report child abuse or neglect, if we believe that a child has been a victim of abuse, neglect, or domestic violence.
- Legal Proceedings: In the course of legal proceedings.
- Law Enforcement: For law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.
- Research: To researchers when their research has been approved by an Institutional Review Board or Privacy Board.
- Soldiers, Inmates, and National Security: To military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate disclosure of PHI and/or counseling notes.
- Workers' Compensation: To comply with workers' compensation laws.
- Compliance: To the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your PHI and/or counseling notes as required by law and limited to the relevant requirements of the law.

2. Your Rights

You have the right to:

Inspect and copy your PHI, including your counseling notes unless we determine in the exercise of our professional judgment that such access is reasonably likely to endanger your life or well being. Your PHI (Protected Health Information) includes any information recorded in any form or medium that is created or received by your counselor or anyone at the Christian Counseling and Educational Foundation (CCEF), and relates to your past, present, or future physical or mental health or condition; the provision of your mental health care; or the past, present, or future payment for the provision of your mental health care. Personal information, schedule of visits or payments are examples of information that would fall under the coverage of PHI.

Request a restriction of your PHI and/or counseling notes. You may ask us not to use or disclose certain parts of your PHI and/or counseling notes for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

Ask us to amend your PHI and/or counseling notes. You may request an amendment of PHI and/or counseling notes about you. If we deny your request for amendment, you have the right to file an statement of disagreement with us, and your personal counseling record will note the disputed information.

Receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It includes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Obtain a paper copy of this notice from us. You may request a paper copy of this notice from us upon request, even if you have agreed to accept this notice electronically.

Acknowledgement of receipt, understanding, & agreement with the Notice of Privacy Practices:

Please sign, print your name, and date this acknowledgement form. Then return your signed acknowledgement to your counselor.

Signature: _____ Date: _____

Printed Name: _____

If Counselee is under 18 years of age both parents (or guardian) should also sign consent form.

Signature of Father/Guardian: _____

Signature of Mother/Guardian: _____

Initial: _____ I give permission to CCEF, including its Montana affiliate office, to contact me by phone and leave a voice message if necessary to confirm appointments. The number they can contact me and leave messages at is _____.

Initial: _____ I give permission to CCEF, including its Montana affiliate office, to contact me by email when counseling ends to complete a confidential counseling survey. The email address they can contact me at is _____.