

NOTICE OF PRIVACY PRACTICES FOR THE OFFICES OF  
Rooted Relational Counseling

1000 Market Street  
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(570)317-0734

**THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by the health care providers you consult with through Rooted Relational Counseling.

**YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. We are required by law to give you this notice. It will tell you about ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**Treatment.** We may use health information about you to provide you with services within Rooted Relational Counseling. We may disclose health information about you to office staff or other personnel who are involved in taking care of you and your health. Members of your health care team will record the actions they took and their observations in your records. With your written permission we will also provide your health care professionals, case manager, clinical director or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from our facility. Family members and other health care providers may be part of your care outside this office and may require information about you that we have. The minimum amount of information will be shared to accomplish treatment goals.

**Payment.** We will use your health information for payment without your consent from the third-party payer you designate, including Medicare and Medicaid. The information on or accompanying the bill will be limited to that information necessary to establish the claims for which reimbursement is sought. For example, the bill may include information of the dates, types and costs of therapies and services, and a general description of the general purpose of each treatment session or service.

**Health care operations.** We will use your health information for regular health operations without your consent. For example, members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used to continually improve the quality and effectiveness of the health care and service we provide.

**Notification.** Using our professional judgment, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

**Communication with family.** With your written permission, we may disclose to a family member, other relative, close friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family, other relative or close personal friend is in your best interest.

**Research.** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Commitment Proceeds.** During the course of an involuntary commitment proceeding, the court may direct that it or a mental health review officer, as allowed under the Mental Health Procedures Act have access to your PHI for purposes of conducting the hearing without your consent. Also, information will be disclosed to attorneys assigned to represent you if you are the subject of an involuntary commitment proceeding without your consent.

**Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Public health.** As required by law, we may disclose your health information without your consent to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional institution.** Should you be an inmate of a correctional institution, we may disclose to the health care professionals at institution, without your consent, health information necessary for your health treatment.

**Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

#### **Special Situations**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required by Law.** We will disclose health information about you when required to do so for federal, state or local law.

**Military, Veterans, National Security and Intelligences** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Worker's Compensation** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Activities** We may disclose health information to a health oversight for audits, investigations, inspection or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Information Not Personally Identifiable** We may disclose information about you in a way that does not personally identify you or reveal you.

**Breach Notification** Should a breach of information occur in which your personal health information is inadvertently disclosed to a third party: all involved will be notified, be given an explanation of what information was shared and how, when the breach occurred, and how it was discovered. You will be informed of the level of risk to yourself and what to do to protect yourself from here forward.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Although your health record is the physical property of the provider, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or general health care operations, and/or to a personal representative or guardian. We ask that such requests be made in writing to Nicole Pastore, Rooted Relational Counseling Privacy Officer. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.
- You may request that your personal health information be released to a third party for the coordination of treatment. Upon request, a Release of Information form can be signed directing what information may be released to whom and in what format.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to Rooted Relational Counseling Privacy Officer.
- We will attempt to accommodate all reasonable requests. If your request is denied, you may provide in writing to the Rooted Relational Counseling Privacy Officer an appeal as to why you think the request should be granted and a meeting will be arranged with the Privacy Officer to find a mutual agreement.
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment.
- You may request that we provide you with a written accounting of all disclosures made by us during the time for which you request (not to exceed 6 years). We ask that such requests be made in writing. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for

reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month -period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.

- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.
- You may revoke an authorization/consent to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing to our Privacy Officer.

**FOR MORE INFORMATION OR TO FILE A COMPLAINT**

If you have questions and would like additional information, you may contact Nicole Pastore, Rooted Relational Counseling Privacy Officer at (570) 317-0734. If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing to Rooted Relational Counseling. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.