

BOWLING COUNSELING CENTER PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

1. **My duty to safeguard your protected health information:**
Individually identifiable information about your past, present or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). I am required to extend certain protections to your PHI, and to give you this Notice about my privacy practices that explains how, when, and why I may use or disclose your PHI.
2. **Uses and Disclosures relating to treatment, payment, or health care operations:**
 - a) For treatment: I may disclose your PHI to doctors, nurses, other outside entities performing ancillary services (example lab work) and other health care personnel who are involved in providing your health care.
 - b) To obtain payment: I may use/disclose your PHI in order to bill and collect payment for your health care services.
3. **Uses and disclosures requiring authorization:**
For uses and disclosures beyond treatment, payment, and operation purposes, we are required to have your written authorization unless the use or disclosure falls within one of the exceptions below.
4. **Uses and disclosures of PHI from Mental health records not requiring consent or authorization:**
 - _ 1. When required by law.
 - _ 2. For public health activities.
 - _ 3. For health care oversight activities.
 - _ 4. Relating to decedents.
 - _ 5. For research purposes.
 - _ 6. To avert threat to health or safety.
 - _ 7. For specific Government functions.
5. **Uses and disclosures requiring you to have an opportunity to object:**
In the following situations, I may disclose a limited amount of your PHI if I inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.
6. **How to complain about my Privacy Practices:**
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH BUilding
Washington, DC 20201

Signature(s) _____ Date _____