**Notice of Privacy Practices, HIPAA & Client Rights**

This notice explains the privacy practices of Full Circle Connection. It also describes how I protect your private information, share your private information, and how you can gain access to this information. Please review it carefully.

**General Information about Privacy Practices/HIPAA and Client Rights:**

Information regarding your healthcare, including payment for healthcare, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. Under these laws, Full Circle Connection may not say to a person outside our clinic that you receive services here, nor may Full Circle Connection disclose any protected information except as permitted by federal law.

Full Circle Connection must obtain your written consent before it can disclose information and any of your psychotherapy records. Generally, you must also sign a written consent before Full Circle Connection can share information for treatment purposes. However, federal law permits Full Circle Connection to disclose information without your written permission under the following circumstances:

1. To report a crime committed on Full Circle Connection premises or against Full Circle Connection personnel;
2. To medical personnel in a medical emergency;
3. To appropriate authorities to report suspected child abuse or neglect;
4. As allowed by a court order;
5. Or with a formal complaint you might bring against Full Circle Connection.

**Your Rights:**

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

1. Get an electronic or paper copy of your medical record.

You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

1. Ask me to correct your medical record.

You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, bit will tell you the reasoning in writing within 60 days.

1. Request confidential communication.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will comply with all reasonable requests.

1. Ask me to limit what I use or share.

Since you pay for services out-of-pocket and do not submit insurance claims, I will not share any information with your insurance provider.

1. Get a list of those with whom I have shared information.

I will include all the releases of information that you have signed. I reserve the right to charge a reasonable, cost-based fee for this information.

1. Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

1. File a complaint if you feel your rights are violated.

You will not be retaliated against for filing a compliant. You can complain if you feel I have violated your rights by contacting me in writing or by phone.

You also have the right to complain to the secretary of Health and Human Services.

**Our Uses and Disclosures**

I typically use or share your health information in the following ways:

1. Treat you.
2. Run my organization.
3. To ensure safety: Preventing or reducing a serious threat to anyone’s health or safety, including yourself, reporting child abuse or neglect.
4. Comply with the law. I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.
5. Respond to lawsuits and legal actions: I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities:

1. I am required by law to maintain the privacy and security of your protected health information.
2. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. I must follow the duties and privacy practices described in this notice and give you a copy of it.
4. I will not use or share y our information other than as described here unless you tell me that I can in writing. I will not sell your information or share it with any entity or person unless you have signed a release to do so.

**Changes to the Terms of this Notice:**

 I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on the website.

Effective date of this notice: 6/1/18