

Genesis Counseling, LLC

Notice of Privacy Policies

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

PROTECTED HEALTH INFORMATION

We understand that medical information about you and your health is personal, and we are committed to protecting medical information about you. We create a record of the care and services that you receive at Genesis Counseling, LLC (Genesis Counseling). We need this record to provide you with quality care and to comply with certain legal requirements. Your health record contains personal information about you and your health. This information that may identify you relates to your past, present, or future physical or mental health or condition and related health care services and is referred to as Protected Health Information (“PHI”). Genesis Counseling considers all information regarding your diagnosis and treatment to be privileged and confidential, and will not disclose or provide this information without the client’s consent or a court order, except as otherwise provided herein in this notice.

The basis for federal privacy protection is the Health Insurance Portability and Accountability Act (HIPAA) and its regulations, known as the “Privacy Rule” and “Security Rule” and other federal and state privacy laws.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the information privacy practices followed by our employees, volunteers, and related personnel.

Each participant who joins in this joint Notice of Privacy Practices serves as their own agent for all aspects of HIPAA Compliance, other than the delivery of this Joint Notice.

Genesis Counseling employees, volunteers, and related personnel must follow this Notice with respect to:

- How We Use Your PHI
- Disclosing Your PHI to Others
- Your Privacy Rights
- Our Privacy Duties
- Contacts for More Information or, if necessary, a Complaint

USING OR DISCLOSING YOUR PHI:

FOR TREATMENT: We may use and disclose your PHI to your physician or another therapist to coordinate services or to inform them of your treatment. The mental health professionals and administrative staff at Genesis Counseling may occasionally receive your PHI. We may occasionally find it helpful to consult other health and mental health professionals about your case. During a consultation, we make every effort to avoid revealing your identity. Unless you have submitted a written objection, we will not inform you of these consultations unless the counselor feels it would benefit your therapy. The other professionals and staff members are also legally bound to keep the information confidential.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud, or that results in either an actual crime of fraud for any reason, including willful or un-willful acts of negligence whether intended or not, or which in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

FOR PAYMENT: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities include reviewing services provided to you for grant related activities or undertaking utilization

review activities. We may disclose to a collection agency some of your PHI for collecting a bill that you have not paid.

FOR HEALTHCARE OPERATIONS: Your medical record and PHI could be used in periodic assessments by counselors/therapists about Genesis Counseling’s quality of care. Or we might use the PHI from real clients in education sessions with intern students training in our practice. Other uses of your PHI may include, but is not limited to, quality assessment activities, attorney consultations, employee review activities, licensing, the resolution of a complaint, and conducting or arranging for other business activities. These professionals are bound by the same rules of confidentiality.

SPECIAL USES: Your relationship to us as a client might require using or disclosing your PHI in order to:

- Remind you of an appointment for treatment
- Tell you about treatment alternatives and options
- Tell you about our other health benefits and services

YOUR AUTHORIZATION MAY BE REQUIRED: In many cases, we may use or disclose your PHI, as summarized above, for treatment, payment or healthcare operations or as required or permitted by law. In other cases, we must ask for your written authorization with specific instructions and limits on our use or disclosure of your PHI. This includes, for example, uses or disclosures of psychotherapy notes, uses or disclosures for marketing purposes, or for any disclosure that is a sale of your PHI.

You may revoke your authorization in writing if you change your mind later.

PROFESSIONAL RECORDS: Client records consist of two sets of professional records, the Clinical Record and the Psychotherapy Notes. The Clinical Record contains reasons for seeking therapy, diagnosis, treatment goals, medical & social history, past treatment records, professional consultation reports, billing records, and reports sent to anyone on your behalf. You may examine and/or receive a copy of your Clinical Record if requested in writing. The Psychotherapy Notes contain session conversations, analysis of sessions, sensitive information revealed in session, and confidential information from others provided to me on your behalf. The Psychotherapy Notes are kept separate from the Clinical Record and are not available to the client and cannot be sent to anyone else without written, signed authorization. For family, couple, or marital therapy (where more than one client is present), all individuals present must sign a release prior to these records being sent to anyone.

CERTAIN USES AND DISCLOSURES OF YOUR PHI REQUIRED OR PERMITTED BY LAW: As a counseling and healthcare facility, we must abide by many laws and regulations that either require us or permit us to use or disclose your PHI.

REQUIRED OR PERMITTED USES AND DISCLOSURES:

- We may share some of your PHI with a family member or friend involved in your care, unless you have submitted a written objection.
- For minor children, we may disclose PHI to the parent or legal guardian, unless a written objection from the minor client is received.
- We may use your PHI in an emergency when you are not able to express yourself.
- We may use or disclose your PHI for research if we receive certain assurances which protect your privacy.

WE MAY ALSO USE OR DISCLOSE YOUR PHI

- When required by law, for example when ordered by a court.
- For public health activities including reporting a communicable disease or adverse drug reaction to the Food and Drug Administration.
- To report neglect, abuse or domestic violence.
- To government regulators or agents to determine compliance with applicable rules and regulations.
- In judicial or administrative proceedings as in response to a valid subpoena.
- To a coroner or medical examiner for purposes of identifying a deceased person or determining cause of death, or to a funeral director for making funeral arrangements.
- For creating special types of health information that eliminate all legally required identifying information or information that would directly identify the subject of the information.
- In accordance with the legal requirements of a Workers' Compensation program.
- When properly requested by law enforcement officials, for instance in reporting gun shot wounds, reporting a suspicious death or for other legal requirements.
- If we reasonably believe that use or disclosure will avert a health hazard or to respond to a threat to public safety including an imminent crime against another person.
- For national security purposes including to the Secret Service or if you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.

YOUR PRIVACY RIGHTS AND HOW TO EXERCISE THEM

Under the federally required privacy program, clients have specific rights.

YOUR RIGHT TO REQUEST LIMITED USE OR DISCLOSURE:

You have the right to request that we do not use or disclose your PHI in a particular way. In some situations, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement.

YOUR RIGHT TO CONFIDENTIAL COMMUNICATION: You have the right to request that we contact you in a specific way or to send mail to a different address. Your request must be in writing, and all reasonable requests will be followed.

YOUR RIGHT TO REVOKE YOUR AUTHORIZATION: You may revoke, in writing, the authorization you granted us for use or disclosure of your PHI. However, if we have relied on your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.

YOUR RIGHT TO INSPECT AND COPY: You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or a minor client. We may charge a reasonable, cost-based fee for copies.

YOUR RIGHT TO AMEND YOUR PHI: You have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we may prepare a counter-statement. Your statement and our counter-statement must be made part of our record about you.

YOUR RIGHT TO KNOW WHO ELSE SEES YOUR PHI: You have the right to request an accounting of certain disclosures we have made of your PHI over the past six years. We are not required to account for all disclosures, including those made to you, authorized by you or those involving treatment, payment and health care operations as described above. We may charge you a reasonable fee

if you request more than one accounting in any 12-month period. We will inform you if there is a charge and you have the right to withdraw your request, or pay to proceed.

YOUR RIGHT TO BE NOTIFIED OF A BREACH: You have the right to be notified following a breach of unsecured PHI.

YOUR RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the Notice electronically.

WHAT IF I HAVE A COMPLAINT?

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with us or the Secretary.

- To file a complaint with us, please contact our Compliance Officer at Genesis Counseling, LLC, Attn: Dr. Jon Thompson, 605 NE Woods Chapel Rd., Lee's Summit, MO 64064, or email: jon@gencokc.com
- Your complaint should provide specific details to help us in investigating a potential problem.
- To file a complaint with the Secretary of Health and Human Services, write to: 200 Independence Ave., S.E., Washington, D.C. 20201 or call 1-877-696-6775.
- You may also contact the Missouri Division of Professional Registration. Their website is <http://pr.mo.gov/counselors.asp>

CONTACT FOR ADDITIONAL INFORMATION

If you have questions about this Notice or need additional information, you can contact our Compliance Officer.

SOME OF OUR PRIVACY OBLIGATIONS AND HOW WE FULFILL THEM

Federal health information privacy rules require us to give you notice of our legal duties and privacy practices with respect to PHI and to notify you following a breach of unsecured PHI. This document is our notice. We will abide by the privacy practices set forth in this notice. We are required to abide by the terms of the notice currently in effect. However, we reserve the right to change this notice and our privacy practices when permitted or as required by law. If we change our notice of privacy practices, we will provide you with a copy to take with you upon request and we will post the new notice.

COMPLIANCE WITH CERTAIN STATE LAWS

When we use or disclose your PHI as described in this notice, or when you exercise certain of your rights set forth in this notice, we may apply state laws about the confidentiality of health information in place of federal privacy regulations. We do this when these state laws provide you with greater rights or protection for your PHI. For example, some state laws dealing with mental health records may require your express consent before your PHI could be disclosed in response to a subpoena. When state laws are not in conflict or if these laws do not offer you better rights or more protection, we will continue to protect your privacy by applying the federal regulations.

Effective Date: This notice takes effect on May 26, 2016