



3500 S. Phillips Ave., Ste. 121  
Sioux Falls, SD 57105

Phone: (605) 360-2613

**September 23, 2013 Revision**

## **Notice of Privacy Practices**

**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.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (Protected Health Information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. We have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

1. The law permits us to use or disclose your health information to those involved in your treatment; for example, a review of your file by a primary care or specialist doctor whom we may involve in your care.
2. We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company. You have the right to restrict the disclosure of PHI to your insurance company if you pay for services in full.
3. We may use or disclose your health information for our normal health care operations. For example, one of our staff will enter your information into our computer.
4. We may choose to utilize electronic systems to store some of your PHI. Should a breach in security occur, we are required to notify you within 60 days of the occurrence of said breach.
5. We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.
6. We may use your information to contact you and we will use whatever address or telephone number you prefer. For example, we may need to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care. Or, we may communicate with you via newsletters, mail outs, or other means regarding treatment options, health-related information, wellness programs, or other community-based initiatives or activities that Sozo Counseling Care, Inc. is participating in.
7. We may release some or all of your health information when required by federal, state, or local law. We may disclose your PHI to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law including but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
8. We may release your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation and similar programs.
9. The sale of your PHI to third parties is prohibited.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request. Except as described above, this practice will not use or disclose your health information without your prior written authorization.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

### **Your Health Information Rights**

You have certain rights in regards to your PHI, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. Or, you can ask that we use an alternative address for billing purposes. We will agree to the request to the extent that it is reasonable for us to do so.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. You also have the right to ask us not to share information with your insurance company if you pay for the session in full yourself.
3. You have the right to look at the PHI we have about you such as your medical and billing records. You can even get a copy of these records, but we may charge you for these copies. However, because psychotherapy notes are held extremely confidential and prohibited by the law to be released even to you, a special authorization is required for you to access these. This access may or may not be granted and will be determined by your therapist. Contact our Privacy Officer to ask about the process of requesting to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make certain kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes. \*\*Psychotherapy notes can not be amended as they are interpretations by your therapist regarding what was discussed in the session. As such, we will not remove or alter earlier documents, but will include your written statement in your file.\*\*
5. You have the right to know of any uses or disclosures we make with your health information. This is a list of the disclosures we make of health information about you.
6. You have the right to transfer copies of your health information to another practice.
7. You have the right to a copy of this notice. If we change the Notice of Privacy Practices (NPP) we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
8. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and/or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W, Room 509F Washington, D.C. 20201. All complaints must be in writing. You will not be penalized for filing a complaint.

The original date of this Notice of Privacy Practices is November 1, 2003. The effective date of this revised notice is September 23, 2013. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

### **For more information about our Privacy Practices, please contact:**

HIPPA Privacy Official - Dr. Dianne S. Heynen, DMin, LPC-MH, BCPCC, QMHP, CEAP  
Sozo Counseling Care, Inc.  
3500 S. Phillips Ave., Ste. 121  
Sioux Falls, SD 57105  
Ph: (605)360-2613  
Email: [dianne@sozocounselingcare.com](mailto:dianne@sozocounselingcare.com)



**SOZO**  
Counseling Care, Inc.  
Hope, healing and wholeness.

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## Acknowledgment of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_ have received a copy of Sozo Counseling Care, Inc.'s Notice of Privacy Practices with an effective date of September 23, 2013.

**Name of Patient** \_\_\_\_\_

**Address of Patient** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Patient** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Witness \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_