



Counseling 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. Whenever you see the word “you” in this document, it means “you or your child” (if applicable.)

Understanding your Health Information

Each time you visit PFC COUNSELING, a record of your visit is made. This record contains information about your symptoms, examinations, test results, medications you take, and the plan for your care. This information is referred to as your health or medical record. It is an essential part of this healthcare provided for you. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

USES AND DISCLOSURES OF HEALTH INFORMATION

PFC COUNSELING through Parker Family Care, will use your information for treatment. The counselor will document information in your record about your examination and the care planned for you. Your health information may be used and disclosed by those who are involved in your care for the purpose providing, coordinating or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. If another provider referred you to PFC COUNSELING, with your consent we may send copies of your medical record to that person so he or she will have updated information to help in your care. We may also use health information about you to call you or send you a letter to remind you about an appointment, to follow up with test results, or to provide you with information about other care that could benefit your health.

Parker Family Care will use your health information for payment.

Parker Family Care will send a claim to your insurance company. Parker Family Care may include information that identifies you, as well as your diagnoses, procedures, healthcare providers and supplies used. Parker Family Care also may contact your insurance company to determine if they will pay for your medical care as part of their certification process. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of patient health information necessary for purposes of collection.

PFC COUNSELING, through Parker Family Care, will use your health information for regular healthcare operations.

Healthcare operations include the business aspects of running the practice. PFC COUNSELING may use or disclose, as needed, your health information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, quality assessment and improvement activities, auditing functions, cost-management analysis, customer service and conducting or arranging for other business activities. For example, we may share your health information with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your health information. For training or teaching purposes your health information will be disclosed only with your authorization.

Other disclosures: Business Associates

There are some services provided through contacts with business associates. To protect your health information, however, Parker Family Care requires the business associate to protect your information.

Required by Law

PFC COUNSELING, through Parker Family Care, may also disclose health information required by law to the following entities or types of entities that includes, but is not limited to:

- Food and Drug Administration
- Public Health or legal authorities charged with disease prevention
- Correctional institutions
- Workers Compensation Agents
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Examiners
- National Security and Intelligence Agencies
- Law enforcement as required by law or in accordance with a valid subpoena

Patient Rights: You have the right to:

- Inspect and obtain a copy of your health record. There may be a charge to cover the cost of copying your record
- Request an amendment to your health records
- Obtain and accounting of disclosures
- Request communication of your health information in a certain way or at a certain location. For example, you can ask PFC COUNSELING to contact you by mail and not by telephone, or that we contact you at a specific telephone number, or that we use an alternative address for billing purposes, or that we not leave messages on certain voicemails.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

PFC COUNSELING, through Parker Family Care, has the duty to:

- Maintain the privacy of your protected health information as required by law
- Provide you through this notice with information as to our legal duties and privacy practices with respect to information we collect about you
- Abide by the terms of the notice currently in effect
- Notify you if we are unable to agree to a requested restriction
- Follow reasonable requests you make to communicate with you as you instruct-for example, contact you at a certain telephone number or address
- Provide you a paper copy of this notice of privacy practices upon request

Your signature below indicates that you have read this document and have had the opportunity to have any questions answered to your satisfaction.

Patient Signature: _____

Printed Name: _____

Patient Date of Birth: _____ Date: _____

Signature of parent or guardian, if applicable: _____