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HIPPA 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.

THIS NOTICE GIVES YOU ABBREVIATED INFORMATION REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) that prescribes legal duties and confidentiality practices to protect the privacy of your individual identifiable health information or *Protected Health Information (PHI)*, as the term is defined by HIPAA regulations.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003. Sheep Gate Christian Counseling is required by law to follow the terms of this Notice until it is replaced. In addition, SGCC is totally committed to maintaining clients' confidentiality. Your protected health information (PHI) will only be released in accordance with federal and state laws and ethics of the counseling profession. This notice describes our policies related to the use and disclosure of your healthcare information.

Uses and Disclosures of your Protected Health Information

Use and disclosure of your health information is for the purpose of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT: SGCC may need to use or disclose health information about you to provide, coordinate, or manage your mental health care or any related services. This could include physicians, other mental health or healthcare providers, consultants and potential referral sources.

PAYMENT: Your information may also be used and disclosed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims, as well as for billing and collection purposes. If more than one, third party payer is responsible for payment for your health care, SGCC may disclose your information to more than one health plan and those health plans may share your information with each other. We may bill the person in your family who pays for your insurance.

HEALTHCARE OPERATIONS: We may need to use information about you to review our treatment procedures and business activity. Your information may also be used for certification, compliance and licensing activities.

BUSINESS ASSOCIATES: SGCC may share your information with third party Business Associates who we hire to perform various services. Examples of these may include administrative, billing, accounting or legal services. Whenever an arrangement between a Business Associate and SGCC involves the use or disclosure of your information, we will have a written contract that contains terms that will protect the privacy of your information. We will give these business associates the least amount of information necessary to do their work.

Other Uses or Disclosures of Protected Health Information

USES AND DISCLOSURES WITH YOUR VERBAL CONSENT: Your information may be disclosed to a family member, friend, or other person designated by you or as designated by the law, if you verbally agree.

USES AND DISCLOSURES WITH YOUR WRITTEN AUTHORIZATION: Except as provided below, your information will not be used for any non-routine purposes unless you give your written authorization to do so. If you give written authorization to use or disclose your information for a purpose that is not described in this Notice, then, with certain exception, you may revoke it in writing at any time. Your revocation will be effective for the information SGCC maintains, unless SGCC has taken action in reliance on your authorization.

USES AND DISCLOSURES WITHOUT YOUR CONSENT:

- Information you and/or your child or children report about physical or sexual abuse.
- Information that informs us that you are in danger of harming yourself or others.
- Information to remind you of/or to reschedule appointments or treatment alternatives.
- Information shared with law enforcement if a crime is committed on our premises or against our staff.
- Information as required by law such as to comply with legal proceedings, such as a subpoena or court order.
- Information shared with a coroner, medical examiner, or funeral director about a deceased person.
- Information to a governmental agency authorized to oversee the mental health care system or government programs.
- Information to federal officials for lawful intelligence, counterintelligence, and other national security purposes.
- Information to public mental health authorities for public health purposes.