

# Sudsberry and Associates Counseling Center

## *Notice of Privacy Practices*

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This notice describes how health information about you may be used and disclosed and how you can gain access to this information.

**Please review this information carefully. The privacy of your health information is important to us.**

### **Our responsibilities**

Sudsberry and Associates is committed to maintaining the privacy of your health care information. We are required by law to maintain that privacy and provide you with this notice of Privacy Practices. We are required to abide by the terms of this notice and it will remain in effect until we replace it. The effective date of this notice is 4-14-03.

We reserve the right to change this Notice as allowed by law. In the event of a change in Notice we will make the new Notice available upon request.

You will receive a copy of the Notice of Privacy Practices as a new client to this practice, upon returning to the practice after a six-month or more absence, or if you are an ongoing client when this Notice is distributed.

### **Use and Disclosure of Private Information**

The following are our uses of private information and how we may legally disclose information about you and for what purpose:

**Treatment:** We use healthcare information about you to provide treatment services.

**Healthcare Operation:** As part of business practices, office personnel may have access to information in carrying out business procedures and activities. Healthcare operations include handling charts, completion of billing tickets, and tracking of revenues that relate to client charges. Operations also include quality assessment information as it relates to performance of services rendered. Telephone contact may be made in the course of scheduling or canceling appointments.

**Marketing Healthcare Services** If we use feedback information for marketing purposes it will only be with signed permission from the person providing the feedback.

**Your Authorization:** You may provide us with written authorization to release information for any purpose. If you give authorization you may revoke it, in writing, at any time. Your revocation will not affect any use or disclosure permitted while the authorization was in effect. Unless you give us written authorization we cannot disclose your healthcare information for any reason except as described in this notice.

**Exceptions to confidentiality:** We are required by law to report even the suspicion of child or elder abuse or neglect. Courts can subpoena information and therapist testimony for purposes of decisions they intend to make about individuals. The law requires a reporting to police the intention to commit suicide. Also required by law is police notification and intended victim notification with intent to harm another person.

**Healthcare, Insurance and Diagnosis** If insurance is used, a diagnosis is required for payment. Diagnostic codes reveal confidential information to insurance companies about you. Use of insurance results in shared information about you to your healthcare provider.

**Clients Rights** You have the right to request restrictions on information we disclose to others about you. We will accommodate all reasonable requests. We are not obligated by law to agree with all requests. All requests must be made in writing telling specifically what to limit, whether you wish to limit our use or disclosure, and to whom the limits apply.

**Confidential Communication:** You may request that we communicate with you in an alternative way or alternative location. All requests must be made in writing and submitted to Sudsberry and Associates. We will accommodate all reasonable requests. You will need to specify how or where you wish to be contacted.

**Inspect and Copy:** You have the right to inspect and copy healthcare information used to understand your care. To inspect and copy your information, submit your request in writing. A fee will be charged for copying and mailing a copy to you.

**Right to Amend** You have the right to ask us to amend your healthcare information as long as the information is retained by us. All requests for amendment must be made in writing and include a reason to support the request. We may deny your request under certain circumstances.

**Accounting of Disclosure** You have the right to request information or disclosures made about your healthcare information. A written request must be made for information after 4-14M3. If you request this information more than once per 12 month period a reasonable fee will be assessed for additional requests.

**Obtain a paper copy.** You have the right to request this notice in paper form from our office. You may ask for a copy of this Notice at any time.

**Maintaining Privacy.** It is our duty to maintain the privacy and health information of each person we serve with respect to protected health information. If you desire more information about our privacy practices please contact us.

**Changes to this Notice** We reserve the right to change this notice. If we revise this notice we will provide a current copy of the notice in effect upon request.

**Complaints** If you believe your privacy rights have been violated you may file a complaint in writing to Sudsberry and Associates. Or you may file a complaint with the Secretary of the Department of Healthcare Human Services; 200 Independence Avenue S.W.; Washington, DC 20201

You will not be penalized for filing a complaint  
Should you have questions about this notice please contact:

Rick Sudsberry, President  
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Suite 400  
Avon, IN 46123  
317-272-8138

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_