



HIPAA (Health Information Portability and Accountability Act)

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 or PHI) used or disclosed in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, this notice explains how CREDO COUNSELING, LLC is required to maintain the privacy of your health information and how may use and disclose your health information.

Without specific written authorization, CREDO COUNSELING, LLC is permitted to use and disclose PHI for the purposes of treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care and related services by a therapist. Examples of treatment include counseling sessions, recording information obtained, and testing. **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities.

Health Care Operations include the business aspects of operating CREDO COUNSELING, LLC, such as quality assessment and customer service reviews, improvement actions, auditing functions, cost-management analysis, periodic assessment of documentation protocols, and review of storage of treatment records.

CREDO COUNSELING, LLC will use your PHI to remind you of an appointment (by phone or email) or provide you with information about treatment options or other health-related services including release of information to those that are directly involved in your care.

CREDO COUNSELING, LLC will use and disclose your PHI when required to do so by federal, state or local law.

For **abuse, neglect or domestic violence** reporting.

To Prevent a Serious Imminent Threat to Health or Safety. If CREDO COUNSELING, LLC believes that a disclosure of your PHI is necessary to protect against clear and substantial risk of imminent harm being inflicted by you on yourself or another person, CREDO COUNSELING, LLC may disclose such information to those persons who would address such a problem (i.e., police or potential victim).

Mental Health Oversight Activities such as licensing, auditing, or inspection agencies authorized by law.

For **Judicial or Administrative Proceedings**, such as lawsuits or other legal proceedings in response to a court order, subpoena, qualified protective order or discovery request.

For **Worker's Compensation** purpose to use or disclose your PHI for Worker's Compensation or similar programs as required by law.

When **Required By Law.**

Under certain circumstances for **Law Enforcement** purposes.

Inmate. If you are an inmate or a correctional institution or under the custody of law enforcement officials, CREDO COUNSELING, LLC may release PHI about you to the correctional institution as authorized by law.

Military and Veterans. If you are or were a member of the armed forces, CREDO COUNSELING, LLC may release PHI about you to military command authorities as required or authorized by law.



For **Research** studies that have been evaluated and approved through a research approval process that takes into account patients' need for privacy.

Any other uses and disclosures will be made with your written authorization. You may revoke such authorization in writing and CREDO COUNSELING, LLC is required to honor and abide by that written request. You may not revoke an authorization to the extent that (1) CREDO COUNSELING, LLC has already acted upon that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

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 at the end of this notice.

Right to Request Confidential Communications of PHI from CREDO COUNSELING, LLC by alternative means than those listed.

Right to Request Restrictions on certain uses and disclosures of your PHI. CREDO COUNSELING, LLC is not required to agree to a restriction you request.

Right to Inspect or Obtain a Copy of your PHI when you Submit a Written Request CREDO COUNSELING, LLC may charge a fee for the costs of copying, mailing or other supplies associated with your request. If CREDO COUNSELING, LLC denies your request to review or obtain a copy, you may submit a written request for review of that decision. Your denial will be reviewed by another licensed mental health professional chosen by CREDO COUNSELING, LLC. CREDO COUNSELING, LLC will comply with the outcome of the review.

Right to Amend If you feel that the PHI CREDO COUNSELING, LLC has about you is incorrect or incomplete, you may ask us to amend your PHI by submitting a request in writing that provides your reason for requesting the amendment. CREDO COUNSELING, LLC may deny your request to amend.

Right to Be Notified if There is a Breach of Your Unsecured PHI (1) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (2) your PHI has not been encrypted to government standards; and (3) the risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Right to Receive an Accounting of Disclosures of PHI outside of treatment, payment and health care operations.

Right to Restrict Disclosures When You Have Paid for Your Care of Out-Of-Pocket

Right to Obtain a Paper Copy of this notice from CREDO COUNSELING, LLC upon request.

If you have questions or believe your privacy rights have been violated, you may contact our Privacy Officer at the location listed below. You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

HIPAA Privacy Officer
Carleen Bryant
Credo Counseling, LLC
1003 Main St, #303
Grand Junction CO, 81501
P: 970•986•8668
F: 970•986•8586

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
1•877•696•6775 (toll-free)



credocounseling.com

215 Pitkin Ave #102 | Grand Junction, CO 81501

P 970•986•8668 | F 970•986•8586

HIPAA ACKNOWLEDGEMENT

Client Name: _____

I hereby acknowledge that I have received the Credo Counseling's Notice of Privacy Practices with an effective date of January 1, 2023.

My signature indicates that I understand and agree to the above.

Client Signature: _____ Date: _____

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