



NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS NOTICE CAREFULLY

At Enspire Counseling LLC, we will make every effort to handle your protected health information (PHI) responsibly. Below are the procedures utilized to safeguard PHI, the circumstances under which your personal health information may be disclosed, and your rights as they relate to this information. The rules for confidentiality of mental health records are recorded in the privacy rules of the Health Insurance Portability and Accountability Act (HIPAA). It is in your best interests to review these provisions in order to fully understand Enspire Counseling's procedures and your rights. If you have any questions or concerns about your privacy, please address them with your counselor.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations:

Enspire Counseling LLC may use or disclose your Protected Health Information (PHI) for treatment, payment and health care operations purposes with your consent. For clarification, we have included some examples. Not every possible use of disclosure is specifically mentioned. However, all the ways we are committed to use and disclose your "PHI" will fit within one of these general categories:

"PHI" refers to information in your health record that could identify you.

"Treatment" is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another therapist.

"Payment" is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. We may also tell your health plan insurer about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover or continue to cover your treatment.

"Healthcare Operations" are activities that related to the performance and operation of our practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. We may use and disclose health information to provide you with appointment information.

"Use" applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An **"authorization"** is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. **"Psychotherapy Notes"** are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI and your counseling will discuss with you the risks of receiving such information.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If we have reasonable cause to suspect child abuse or neglect, we must report this suspicion to the appropriate authorities as required by law.

Adult and Domestic Abuse: If we have reasonable cause to suspect you have been criminally abused, we must report this suspicion to the appropriate authorities as required by law.

Health Oversight Activities: If we receive a subpoena or other lawful request from the Department of Health or the Michigan Board of Psychology, we must disclose the relevant PHI pursuant to that subpoena or lawful request.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may use your PHI to defend the office or to respond to a court order.

Law Enforcement: We may release PHI about you (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate you if you are a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if we suspect that criminal activity caused the death; (5) when we believe that PHI is evidence of a crime that occurred on our premises; and (6) in a medical emergency not occurring on our premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime..

Serious Threat to Health or Safety: If you communicate to us a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, we may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If we believe that there is an imminent risk that you will inflict serious physical harm on yourself, we may disclose information in order to protect you.

Worker's Compensation: We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Therapist's Duties

Your Rights:

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. We may still use or disclose your PHI if you are in need of emergency treatment and as authorized under HIPAA where uses and disclosures are otherwise permitted or required (45 CFR § 164.502(a)(2)(ii), § 164.510(a) and § 164.512).

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at our office. On your request, we will send your bills to another address.)

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Fees per page will be subject to the annual rate set by the Michigan Medical Records Access Act. We may deny your access to PHI under certain circumstances permitted by HIPAA and Michigan law but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. To request an amendment, you must complete our request form and submit it in writing to the privacy officer. In addition, you must provide a reason that supports your request. We may deny your request. On your request, we will discuss with you the details of the amendment process.

Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of this Notice from us upon request.

Our Responsibilities:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. You will be informed promptly if a breach occurs that may have compromised the privacy or security of your information.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect (Current effective date: July 2021).

V. Complaints

If you are concerned Enspire Counseling LLC. has violated your privacy rights or you disagree with a decision made about access to your records, please let us know personally. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/ complaints/. We will not retaliate against you for filing a complaint.