

GATEWAY COUNSELING CENTER, INC.

(417) 869-8400

NOTICE OF PRIVACY PRACTICES

Gateway Counseling Center, Inc.

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The information we collect about you and place in your healthcare record will likely include information about your past, present, or future health or conditions, tests, treatment, or payment for healthcare. The law refers to this as Protected Health Information (PHI). We are required by law to maintain the privacy of your PHI and to provide you with this notice of my legal duties and privacy practices. In order to provide care to you we need to collect, use and, in some cases, share health information you provide to me. We must also have your consent to do so. Therefore, you must sign the Consent form before we may begin to treat you. If you do not provide your consent, we cannot treat you.

How Your PHI May be Used or Disclosed - We may use or disclose your PHI for three purposes: treatment, obtaining payment, and healthcare operations (TPO). Below are some examples.

Treatment is when we use your medical information to provide you with psychological treatments or services. For example, we may share or disclose your PHI to others who also provide treatment to you, such as your family physician, psychiatrist, or another mental health professional. If you are being treated by a team of professionals, we may share some of your PHI with them to coordinate services.

Payment is when we use your information to bill you, your insurance, or others. An example of disclosure would be when we communicate with your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Healthcare Operations are activities that related to the performance and operation of my practice. Some examples are quality assessment and improvement activities and audits and administrative services.

Other uses of your PHI may be involved in such activities as contacting you for appointment reminders/re-scheduling. If you do not want us to call you at a specific phone number or leave messages, you may indicate that to us and we will honor your request as long as we have an alternate means of contacting you.

Uses / Disclosures that require Authorization

If we want to use your PHI for any purpose besides TPO, or those we described above, we must have your written permission to do so. This written permission permits only specific disclosures in specific situations. If you do provide us with written permission to use your PHI, you may revoke that permission, in writing, at any time. After your revocation, we will not use or disclose your PHI for those specific purposes. Of course, we cannot take back any information we may have already disclosed with your permission. In the case where written permission is necessary as a condition of obtaining insurance coverage, you may not revoke it.

Uses / Disclosures that require NEITHER Consent nor Authorization

In the following circumstances we are required by law to use or disclose your PHI whether or not I have your Consent or Authorization:

1983 E. Seminole St., Ste. B • Springfield, MO 65804
Phone: 417-869-8400 Fax: 417-869-8401

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Child Abuse/Neglect - If we have reasonable cause to suspect that a child in your care has been or may be subjected to abuse or neglect, we must report to the Missouri Division of Children's Services. We may also report this information to a law enforcement agency or juvenile office.

Adult/Domestic Abuse- If we have reasonable cause to suspect that an "eligible adult" presents a likelihood of suffering physical harm or is in need of protective services, we must report to the Missouri Department of Social Services. An "eligible adult" refers to any person 60 years of age or older or an adult between the ages of 18 and 59 who has a handicap that substantially limits mental or physical capacity who is unable to protect his/her own interests or adequately perform or obtain services necessary to meet his/her essential human needs.

Serious Threat to Health or Safety- If we judge that there is a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person, we must disclose your relevant PHI to the appropriate professional workers, public authorities, the potential victim, his/her family, or your family.

Judicial / Administrative Proceedings- If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and we will not release it without a written authorization from you or your personal or legally-appointed representative, or a court order. The privilege may be overridden by a court-order to release the information. Therapists cannot be subpoenaed as expert witnesses in court proceedings.

Worker's Compensation- If you file a worker's compensation claim, we must permit your record to be copied by the Missouri Labor and Industrial Commission or the Division of Worker's Compensation of the Missouri Department of Labor and Industrial Relations, your employer, you, and any other party to the proceedings.

Complaint/Lawsuit Filed against a Therapist- If you, the client, file a complaint or lawsuit against us, we may disclose relevant information for the purpose of defending ourselves.

Government Health Oversight Activities- If a government agency is requesting information for health oversight activities, we may be required to provide general information to them.

Collection of Fees- If a bill for fees incurred becomes neglected, the law allows for use of a collection agency if necessary.

Your Rights

Right to Request Restrictions- You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

Right to Receive Confidential Communications- You have the right to request and receive confidential communications of PHI in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask if you provide an alternate means of contact.

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Right to Inspect and Copy- You have the right to view and obtain a copy of the PHI we have about you, such as your medical and billing records and routine progress notes.

You may be denied access to your PHI under certain circumstances, such as situations in which disclosure of or viewing of PHI is reasonably likely to cause you undue harm or endanger others. This is called therapeutic privilege, and is protected under Missouri law. If you are granted the right to view your PHI records, we are allowed to charge a handling fee for copying records and a fee per page for copying the pages. If your request for access to your PHI is refused, you have a right of review, which will be discussed with you upon request.

Right to Amend- If you believe the information in your records is incorrect or missing important details, you can request an amendment in writing. You must tell me the reasons you want to make the changes. We may deny your request.

Right to an Accounting of Disclosures- We are required to keep a record of some of the disclosures of your PHI. You may request an accounting of these disclosures.

Right to File a Complaint- If you believe your privacy rights have been violated, you can file a complaint with us directly in writing as well as with the Secretary of the Department of Health and Human Services. If you file a complaint, we will not retaliate against you in any way.

As Licensed Professional Counselors, we are required to follow the terms of the Notice of Privacy Practices (NPP) currently in effect. In accordance with federal regulations, we reserve the right to change the terms of the NPP and apply the changes to all the PHI that we maintain. A copy of any updated versions of this NPP will be provided to you at your request.

Changes to Privacy Practices- Privacy practices may be updated from time to time to comply with federal law and state laws. An updated Notice may be requested at any time by contacting us at the phone number listed below.

If you need more information or have questions about the privacy practices described in this Notice, you may discuss them with us further by contacting Gateway Counseling Center, Inc. at (417)-869-8400.

The effective date of this notice is June 1, 2009.