



## **Privacy Policy, Restore Life Counseling LLC**

At Restore Life Counseling LLC we are committed to treating and using protected health information responsibly. This notice describes how private health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions, please contact Ronny Sommerville LPC at 3200 S. Elm Place Broken Arrow Oklahoma 74012.

### **OUR PLEDGE TO YOU:**

At Restore Life Counseling LLC we understand that health information about you is personal and are committed to protecting the privacy of your health information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by our staff, or those received from other health care providers.

The law requires us to:

- Keep health information about you private
- Give you this notice of our legal duties and privacy practices with respect to your health information
- Follow the terms of the notice currently in effect

### **CONFIDENTIALITY**

One of your most important rights involves confidentiality. Within certain limits, information revealed during counseling will be kept strictly confidential and will not be revealed to any other person or agency without your written permission.

However, there are certain legal and/or ethical limits to confidentiality which require a counselor to reveal information obtained during counseling to other persons or agencies, without the client's permission. Limits to confidentiality include the following:

1. If a client threatens grave bodily harm or death to another person, a counselor may be required to inform appropriate legal authorities and the intended victim.
2. If a client expresses a serious intent to grievously harm her/himself, it may be necessary for a

counselor to reveal information to family members and/or persons authorized to respond to such emergencies, in order to protect the client from harm.

3. If a court of law issues a legitimate subpoena or court order, a counselor is required to provide information that is specifically described in the document.

4. If a client is being evaluated or treated by order of court of law, the results of the evaluation or treatment ordered must be revealed to the court.

5. If a counselor has a good reason to suspect that a child is a victim of physical abuse, sexual abuse, or neglect, these suspicions must by law be reported to the Department of Human Services.

It is important that you understand these limitations to confidentiality as outlined above.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures of health information not covered by this Notice above, or the laws that apply to us, will be made only with your written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose the information about you for the reasons covered by your written authorization. Please understand, however, that we will not be able to take back any disclosures we have already made with your authorization; and that we are required to retain our records of the care and services we have provided to you for a reasonable time period.

## **YOUR INDIVIDUAL RIGHTS REGARDING YOUR HEALTH INFORMATION**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You may request, in writing, a limit on the health information we use or disclose about you for treatment, payment or healthcare operations, and may request that we limit the health information disclosed about you to someone who is involved in your care or payment for your care, except when specifically authorized by you, when required by law, or in an emergency. In your request, you must state: (i) what information you want to limit; (ii) whether you want to limit our use, disclosure or both; and (iii) to whom you want to limit the information (for example, disclosures only to your spouse). We will consider your request but are not legally required to accept it. We will inform you of our decision on your request.

You have the right to request that health information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us

in writing of the specific way or location for us to use to communicate with you. We will not ask you the reason for your request, and will accommodate all reasonable requests.

You have the right to inspect and copy the health information that may be used to make decisions about services you receive. Usually this includes billing and formal service records, but does not include psychotherapy notes (i.e., the personal notes of your counselor); information compiled for use in certain civil, or administrative action or proceeding; and protected health information to which access is prohibited by law.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Restore Life Counseling LLC. If you request a copy of the information, we reserve the right to charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances.

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted in writing. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information was not created by us, is not part of the health information kept at this agency, if it is not part of the information which you would be permitted to inspect and copy, or if we deem the information you seek to amend is accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

You have the right to a list of certain instances where we have disclosed health information about you, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after March 21, 2011. You may receive the list in paper or electronic form. The first disclosure list requested in a 12-month period is free; other requests within the same 12-month period will be charged according to our cost of producing the list. We will inform you of the fee before you incur any costs.

You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing.

