



NOTICE OF PRIVACY PRACTICES (NPP)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your information. We refer to this information as "Protected Health Information" or "PHI". We create a record of the care and services you receive from Post Family Counseling, Inc. We need this record to provide you with quality care and to comply with certain legal and payment requirements.

This notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices concerning your PHI; and
- follow the terms of the notice that is currently in effect.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

This notice applies to all client-based services provided by Post Family Counseling, Inc and/or Michelle A. Post, LMFT as a provider. For a list of privacy practices of the Post Family Counseling, Inc website, see: <https://postfamilycounseling.com/privacy-policy/>

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

We use and disclose PHI in many ways. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories required by law.

For Treatment: We may use PHI about you to provide you with mental health services. We may disclose PHI about you to doctors, nurses, technicians, mental health providers, nursing and medical students, and others who are involved in taking care of you. For example, a doctor treating you for a chemical imbalance may need to know if you have problems symptoms that are interfering with your quality of life. We may share your PHI for treatment to coordinate the different things you need and to determine a correct diagnosis.

For Payment: We may use and disclose PHI about you so that the treatment and services you receive at Post Family Counseling, Inc. may be billed, and payment may be collected from you or on your behalf from an insurance company or a third party. For example, we may use your name or contact information to process online fees through Venmo or Zelle (we will not indicate what services are being received and simply list the date of service and/or first name of patient for your records). Upon your request, we may also use your name, contact information, diagnosis, and dates of services to prepare superbill for you to use to submit to your health insurance plan to reimburse you for those services. Upon your request, we may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose PHI about you for our Post Family Counseling, Inc. business operations. These uses and disclosures are necessary to run our organization and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also gather PHI about many of Post Family Counseling, Inc. clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, chaplains, mental health providers, nursing and medical students, and other personnel for review and learning purposes. We may also compare the PHI we have with PHI from other organizations and providers to determine how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning the identify of any clients.

For Appointment Reminders: We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at Post Family Counseling, Inc. clinics. We often set up appointments via text or email and your permission to contact you in this way releases Post Family Counseling, Inc, and Michelle Post from liability should this electronic form of communication be intercepted by a 3rd party.

For Your Own Information: We may use and disclose PHI to tell you about your own health condition, such as your test results, to tell you about or recommend possible treatment options or alternatives, and to tell you about health-related benefits or services that may be of interest to you.



Individuals Involved in Your Care or Payment for Your Care: We may disclose PHI about you to a family member or other person you designate if you give us permission to do so. We may also tell certain family members about your presence in our care but only if the law permits us to do so. We may share PHI about you when necessary for a claim, payment, insurance, or medical assistance to be made on your behalf.

For Training: Under certain circumstances, we may use and disclose PHI about you for training purposes. For example, we may give a lecture or training to other healthcare providers and reference case studies. Before we use or disclose PHI for training, we will disguise your name and details about you to protect your identity. We will always ask for your specific permission if we use anything that identifies your name, address or other information that reveals who you are.

As Required by Law: We will disclose PHI about you when required to do so by federal, State or local law (e.g., laws that require abuse reports).

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

To Provide Breach Notification: We may use and disclose your PHI, if necessary, to tell you and regulatory authorities or agencies of unlawful or unauthorized access to your PHI. For example, if your PHI is lost or stolen.

SPECIAL SITUATIONS WHEN WE MAY USE OR DISCLOSE PHI ABOUT YOU

Abuse or Neglect: We may disclose PHI about you to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may also disclose your PHI if we believe that you have been or another adult has been a victim of elder or dependent adult abuse or neglect provided the disclosure is authorized by law.

Lawsuits and Dispute: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the privacy of the information requested.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official:

- in response to a court order, court-issued subpoena, court- issued warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization;
- about criminal conduct at Post Family Counseling, Inc.; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Protective Services for the President and Others: We may disclose PHI about you to authorized federal or government law enforcement officials so they may provide protection to the President, other authorized or elected persons or foreign heads of state or to conduct special investigations.

Protection and Advocacy Services: We may disclose PHI about you to the protection and advocacy agency established by law to investigate incidents of abuse and neglect and to otherwise protect the legal and civil rights of people with disabilities.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official we may disclose PHI about you to the correctional institution or law enforcement official. This disclosure would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy: You have the right to inspect or received a copy of your PHI used to make decisions about your care. The ability to inspect (in person or virtually, whichever is possible for Post Family Counseling, Inc.) will be allowed within 5 working days. You must submit your request in writing to receive a copy or summary of your records and you will receive an electronic copy within 15 working days or summary within 10 working days after receipt of your written request. If you request a summary of your treatment, we will charge a fee for the cost of time to prepare a report billed at the therapist's standard rate of \$250/hour. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to PHI, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by Post Family Counseling, Inc.



will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all the information, both old and new, is kept by or for Post Family Counseling, Inc. To request an amendment, your request must be made in writing and submitted to Post Family Counseling, Inc. 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 you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by Post Family Counseling, Inc. ;
- is not part of the information which you would be permitted to inspect and copy;

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about you, excluding disclosures for the purpose of treatment, payment or healthcare operations. To request this list or accounting of disclosures, you must submit your request in writing to Post Family Counseling, Inc. Your request must state a time period, which may not be more than six years prior to your request. Your request will be electronically sent. The first list you request within a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

National Security and Intelligence Activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member. We will do our best to honor your request; however, except when you fully pay out-of-pocket as explained below, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing or we will provide you with a form to make your request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right To Restrict Disclosure of Information: For certain services you have the right to restrict the disclosure of information regarding services for which you or someone else has paid in full or on an out-of-pocket basis (in other words you don't ask us for a superbill for your health insurance company). If you or someone else has paid in full for a service, we must agree to your request and we will not share this information with your health plan without your written authorization, unless the law requires us to share your information.

Right to Request Confidential Communication: You have the right to request that we communicate with you about mental health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Post Family Counseling, Inc. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to honor your request.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a 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 of this notice. To obtain a paper copy of this notice, ask any of our staff. You may obtain a copy of this Notice at our website: <https://postfamilycounseling.com/privacy-policy/>



OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at <https://postfamilycounseling.com/privacy-policy/> or you may request one.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, Los Angeles County or the U.S. Department of Health & Human Services. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint. To file a complaint with us, or if you have comments or questions regarding our privacy practices, please contact:

Post Family Counseling, Inc.; 12426 Gately Oaks Lane E; Jacksonville, FL 32225; (310) 927-5611

To file a complaint with the Office of Patients' Rights, contact:

Los Angeles County Department of Mental Health; Patients' Rights Division; 550 South Vermont Avenue, Los Angeles, CA 90020, (213) 738-4949

To file a complaint with Los Angeles County, contact:

Los Angeles County Auditor-Controller, HIPAA Compliance Unit, 500 West Temple Street, Suite 515, Los Angeles, CA 90012, (213) 974-2164

Email: HIPAA@auditor.lacounty.gov

To file a complaint with the Federal Government, contact:

Region IX, Office for Civil Rights, U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, CA 94103, Voice Phone (415) 437-8310, FAX (415) 437-8329, TDD (800) 537-7697