

COUNSELING RESOURCES
NEUROPSYCHOLOGICAL ASSOCIATES, LLC

Notice of Privacy Practices – Federal Regulations
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

USE AND DISCLOSURE OF HEALTH INFORMATION

Provider (Counseling Resources/Neuropsychological Associates (CRNA)) may use your Protected Health Information (PHI), that is, information that constitutes Protected Health Information as defined in the Privacy Rule of the Administration Simplification provisions of the HIPAA, for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. CRNA has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.

To provide Treatment: Provider may use your PHI to provide care to you and disclose your PHI to others who provide care to you. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Provider also may disclose your PHI to individuals outside of Provider involved in your care such as your Primary Care Physician or the on-call psychiatrist.

To Obtain Payment: CRNA may include your PHI in invoices to collect payment from third parties for the care you receive from Provider. For example, Provider may be required by your health care insurer to provide information regarding your health care status so that the insurer will reimburse you or Provider. Provider also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

To Conduct Health Care Operations: Provider may use and disclose PHI for its own operations in order to facilitate the function of the Provider and as necessary to provide quality care to all of Provider's patients. Health care operations include activities such as: quality assessment and improvement activities include: protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment; professional review, and performance evaluation; training programs including those in which students, trainees or practitioners in health care learn under supervision; training of non-health care professionals; accreditation, certification, licensing or credentialing activities; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

For Appointment Reminders: Provider may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care with Provider.

When Legally Required: Provider will disclose your PHI when it is required to do so by any Federal, State or local law.

To report Abuse, Neglect, or Domestic Violence: Provider is allowed to notify government authorities if Provider believes a patient is the victim of abuse, neglect or domestic violence. Provider will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities: Provider may disclose your PHI to a health oversight agency for activities including: audits, civil, administrative, or criminal investigations; inspections, licensure or disciplinary action. Provider, however may not disclose your PHI if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings: As permitted or required under State law, Provider may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Provider makes reasonable efforts to either notify you about the request or to obtain an order protecting your PHI.

For Law Enforcement Purposes: As permitted or required by State law, Provider may disclose your PHI to a law enforcement official for certain law enforcement purposes, including, under limited circumstance, if you are a victim of a crime, or in order to report a crime.

In Event of A Serious Threat To Health and Safety: Provider may, consistent with applicable law and ethical standards of conduct, disclose your PHI if Provider, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or the health and safety of the public.

For Specified Government Functions: In certain circumstances, the Federal regulations authorize the Provider to use or disclose your PHI to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates law enforcement custody.

For Worker's Compensation: Provider may release your PHI for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION:

Other than stated above, CRNA will not disclose your PHI other than with your written authorization. If you or your representative authorizes Provider to use or disclose your PHI, you may revoke that authorization in writing at any time.

Your rights with Respect To your PHI:

You have the following rights regarding your PHI that provider maintains.

Right to Request restrictions: You may request restrictions on certain uses and disclosure of your health information. You have the right to request a limit on Provider's disclosure of your PHI to someone who is involved with your care or the payment of your care. However Provider is not required to agree to your request. If you wish to make a request for restrictions, please contact: Dr. Patricia Humphrey at (608) 242-7160.

Right to Receive Confidential Communications: You have the right to request that the Provider communicate with you in a certain way. For example, you may request that the Provider only conduct communications pertaining to your PHI privately with no other family members present. If you wish to receive confidential communication, please contact: Dr. Patricia Humphrey at (608) 242-7160. If you request a copy of your health information, Provider may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Your Health Information: You or your representative have the right to request that Provider amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as information is maintained by Provider. A request for an amendment of records must be made in writing to: Dr. Patricia Humphrey, C/O CRNA 4785 Hayes Rd, Suite 100, Madison, WI 53704. Provider may deny the request if it is not in writing or does not include a reason for the amendment.. The request also may be denied if your PHI were not created by the Provider, if the records you requesting are not part of the Provider's records, if health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Provider, the records containing your health information are accurate and complete.

Right to an Accounting: You or your representative have the right to request an accounting of disclosures of your PHI made by the Provider for certain purposes, which may include disclosures authorized by law. The request for an accounting must be made in writing to: Dr. Patricia Humphrey, CRNA, 4785 Hayes Rd., Suite 100, Madison, WI 53704. The request should specify the time period for the accounting starting February 1, 2015. Accounting requests may not be made for periods of time in excess of six (6) years. Provider will provide the first accounting you request during any 12-month period without a charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of This Notice: You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy please contact: Dr. Patricia Humphrey at (608) 242-7160

Duties of CRNA: Provider is required by law to maintain the privacy of your PHI and to provide you and your representative this Notice of its duties and privacy practices. Provider is required to abide by the terms of this Notice as may be amended from time to time. Provider reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. If Provider makes a material change to this Notice Provider will provide a copy of the revised Notice to you or your appointed representative. You or your representative have the right to express complaints to Provider and to the Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Provider encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person: Provider has designated Dr. Patricia Humphrey as its contact person for all issues regarding patient privacy and your rights under the Federal Privacy Standards. If you have any questions regarding this Notice, you may contact this person at CRNA 4785 Hayes Rd., Suite 100, Madison, WI 53704. (608) 242-7160.

Effective Date: This Notice is effective February 1, 2021