

HIPAA NOTICE OF PRIVACY PRACTICES

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

The **Keep Moving Forward Counseling & Consulting LLC** has been and will always be totally committed to maintaining clients' confidentiality. I will only release health care information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes the policies related to the use and disclosure of your health care information.

Uses and disclosures of your health information for the purposes of providing services. Providing treatment services, collecting payment and conducting health care operations are necessary activities for quality care. State and federal laws allows me to use and disclose your health information for these purposes.

TREATMENT We may need to use or disclose health information about you to provide, manage or coordinate your care or related services, which could include consultants and potential referral sources.

PAYMENT Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance.

HEALTH CARE OPERATIONS We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

Other uses or disclosures of your information which does not require your consent. There are some instances where we may be required to use and disclose information without your consent. Information may be released about your services, in accordance with Ohio state law, when (1) you sign a written release indicating consent to release to another party, such as a family member, doctor, or other professional; (2) you express serious intent to harm yourself or someone else; (3) there is reasonable suspicion of abuse or neglect against a minor, elderly person, or dependent adult; (4) to acquire payment for services or for billing purposes; (5) information shared with law enforcement if a crime is committed on the premises against me or someone else.(6) a subpoena or court order is received directing the disclosure of information; In cases where a court order is received, your counselor will consult with other professionals and limit the release to only what is necessary by law. In addition, your counselor may consult with another professional counselor in order to give you the best service. In the event that your counselor consults with another counselor, no personal identifiable information such as your name would be released. For billing purposes, your diagnosis and dates of service will also be shared with any insurance company you wish me to bill in order to process information shared with law enforcement if a crime is committed on the premises or against staff or as required by law such as a subpoena or court order.

Clinical records, psychotherapy notes and other disclosures require a separate signed release of information. You have a right to or will receive notification of a breach of any unsecured personal health information. You have a right to restrict any disclosure of personal health information where you have paid for services out-of-pocket and in full.

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