

Notice of Privacy Practices

This notice describes how Innovative Counseling, Inc. (ICI) may use your medical information and disclose (provided to others) and how you can get access to this information. Please review this notice carefully. *This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520, and applicable Wisconsin healthcare privacy laws.

I. Our Responsibilities:

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. ICI will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information*.

II. What is “Protected Health Information”?

“Protected Health Information” is information about a patient’s personal or health information that may identify the patient. The information relates to the patient’s physical or mental health in the past, present or future and to the care, treatment, and services needed by a patient because of his/her health.

III. What does “Health Care Operations” include?

“Health Care Operations” includes activities such as treatment which may determine that you require the services of a specialist. In referring you to another doctor, ICI may share or transfer your healthcare information to that doctor with your consent. Additionally, we may use your diagnosis, treatment and outcome information to measure quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients with similar situations. Coordinating with insurance companies for payment; carrying out medical reviews and auditing; collecting and studying information that could be used in legal cases; and managing business functions.

IV. How is Health Information used?

ICI uses health records to record health information, to plan care and treatment, and to carry out routine health care functions. For example, your insurance company may need us to give them procedure and diagnosis information to bill for patient treatment we provide. Other health care providers or health plans reviewing your records must follow the same privacy laws and rules that ICI is required to follow.

V. Examples of how Health Information may be used for Treatment, Payment, or Health Care Operations:

Treatment	Payment	Health Care Operations
Providing, coordinating or managing health care and related services by one or more health care providers.	Activities undertaken by ICI to obtain reimbursement for services obtained by you.	Contacting health care providers and patients with information about treatment alternatives.
Consultants between health care providers concerning patients.	Determining your eligibility for benefits or health insurance coverage.	Conducting quality assessment and improvement activities.
Referrals to other providers for treatment.	Managing claims and contacting your insurance company regarding payment.	Conducting outcomes evaluation and development of clinical guidelines.
Referrals to nursing homes, foster care, or home health agencies.	Collection activities to obtain payment for services provided to you.	Protocol development, case management, or care coordination.
	Reviewing health care services and discussing with your insurance company the medical necessity of certain services or procedures, covered under your health plan, appropriateness of care, or justification of charge.	Conducting or arranging for medical review, legal services and auditing functions.
	Obtaining pre-certification and pre-authorization of services to be provided to you.	

ICI may contact you by telephone or mail to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written consent. Health information may be released without permission to a parent, guardian, or legal custodian of a child; the guardian or an incompetent adult; the health care agent designated in an incapacitated patient’s health care power of attorney; or the personal representative or spouse of a deceased patient.

VI. Why do I have to sign a Consent Form?

When you sign the consent for release of information, you give ICI permission to use and disclose (provide to others) Protected Health Information for treatment, payment and health care operations as described above. This permission does not include psychotherapy notes (defined in Section VII below), psychosocial information (defined in Section VIII below), alcoholism and drug abuse treatment records, and other privileged categories of information, all of which require a separate permission. You will need to sign a separate consent form to have Protected Health Information given out for any reason other than treatment, payment or health care operations or as required by law.

VII. What are Psychotherapy Notes?

Psychotherapy notes are notes recorded (in any form) by a mental health professional for the purpose of studying a conversation that took place during a private counseling session. This session can be with a single person, group or a family. Conversation notes from a counseling session are separated from the rest of the patient’s medical record. Psychotherapy notes do not include: Notes about which medicine you are taking or how those medicines affect you; the start and stop times of counseling sessions; the types of treatment you are given, how often treatments are given; the results of clinical tests; and any summary of the following items: Diagnosis, functional state, the treatment plan, symptoms, expected outcome and progress to date.

VIII. What is Psychosocial Information?

Psychosocial information is information given to your Therapist/Counselor about your family’s social history and counseling services you have received.

IX. Why do I have to sign a separate permission form?

To provide patient Protected Health Information to other people for any reason other than treatment, payment and health care operations (described above) or as required or permitted by Law, we must have a permission form known as a Consent to Release Information or Authorization Form signed by the patient or the patient's parent/legal representative. This form clearly explains how they wish the information to be used and disclosed. The following are some examples of information that require separate permission before we can release it:

- Psychotherapy Notes
- Psychosocial Information
- Alcohol and Drug Abuse Treatment Records

X. When is my Consent *NOT* required?

The law requires that some information may be disclosed without your permission during the following times:

- As permitted or required by law
- For public health activities
- For health oversight activities
- Judicial and Administrative Proceedings
- For research
- To avoid a serious threat to health or safety
- For Worker's Compensation

ICI will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that ICI has taken action in reliance thereon. Any revocation must be in writing.

XI. Your Privacy Rights

The following explains your rights with respect to your Protected Health Information and a short description of how you may use these rights. You have the right to:

1. Review and to ask for a copy of your health information.

You have the right to review and /or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal or administrative action or proceeding. ICI may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records. You may request ICI to send protected information, including billing information, to you by alternative means or to alternative locations. You may also request that ICI not send information to a particular address or location or to contact you at a specific location; perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

2. Request that access to your health information be limited.

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by ICI to carry out treatment, payment or health care operations. You must request such a restriction in writing. We are not required to agree to your request, but if we agree; we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to health care providers treating you. Also, a restriction would not apply when we are required by law to disclose certain health care information.

3. Request and receive private communications in another way or at other locations.

We will agree to reasonable requests. To carry out the request, we may also ask you for another address or another way to contact you, for example; mailing to a post office box. We will not ask you to explain why you are making the request. Requests must be made in writing to the Business Office.

4. Request changes in your health information.

You have the right to request that ICI amend portions of your health care records, as long as such information is maintained by us. You must submit this request in writing and under certain circumstances the request may be denied.

5. Receive a record when your health information has been disclosed by Innovative Counseling, Inc. (ICI)

You may request to receive an accounting of the disclosures of your protected health information made by ICI for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures we make pursuant to signed consent or authorization.

6. Receive a paper copy of this Notice of Privacy Practices.

You may request to receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

XII. What if I have a Question or Complaint?

Any person or patient may file a complaint with ICI and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with ICI, please contact the Privacy Officer at the following:

Privacy Officer
Innovative Counseling, Inc.
1499 Sixth Street
Green Bay, WI 54304
(920) 497-6161 or Fax (920) 498-0476

It is the policy of ICI that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective April 14, 2003
(Revised: September 1, 2010)