



Complete Care COUNSELING

410 University Pkwy Suite 2300
Aiken, SC 29801
803-226-0745 (office) 803-335-1689 (fax)

Privacy Disclosure

Complete Care Counseling (CCC) is required by law to provide you with this notice to tell you how it may use and disclose your Privacy Health Information (PHI) and inform you of your privacy rights. CCC must follow the privacy practices as set forth in its most current Notice of Privacy Practices. CCC is required to keep your records for a specific amount of time and then they are destroyed.

CCC may change its privacy practices and the terms of this notice at any time.

How Does CCC Use and Disclose PHI

CCC may use/disclose your PHI for treatment, payment and health care operations without your authorization. Otherwise, your written authorization is needed unless an exception listed in this notice applies.

Appointment Reminders

CCC may use PHI to remind you of an appointment or to provide you with information about your treatment alternatives or other health related benefits and services that may be of interest to you.

Uses/Disclosures Requiring Authorization

CCC is required to have a written authorization form, you or your personal representative, with the legal authority to make healthcare decisions on your behalf for uses/disclosures beyond treatment, payment and healthcare operations unless an exception applies. You may cancel an authorization at any time, in writing. A cancellation will stop future use/disclosures except to the extent CCC has already acted based upon your authorization.

Exceptions

- If required by law: the use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- For judicial proceedings: if certain criteria are met, to assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- For the protection of victims of abuse or neglect
- If you agree in writing, CCC may disclose a limited amount of PHI for the following purposes:
 - **Clergy** - Your religious affiliation may be shared with clergy
 - **To Family and Friends** - CCC may share information directly related to their involvement in your care, or payment for your care
- To correctional institutions: if you are an inmate or the custody of law which is necessary for your health or the health and safety of other individuals.
- For federal and state oversight activities: authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information; include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, civil rights laws.
- If required by law, law enforcement or national security: it will meet all applicable legal requirements for release.
- To avoid a serious and imminent threat to public health or safety: for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information.
- Coroners, funeral directors: may disclose protected health information to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law.

- Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with Workers' Compensation laws and other similar legally- established programs.

Your Rights

*** These requests must be made in writing**

You or a personal representative with legal authority to make healthcare decisions on your behalf, have the right to:

- Obtain, upon request, a paper copy of this notice or any revision of this notice, even if you agreed to receive it electronically.
- *Inspect and copy PHI that may be used to make decisions about your care. Access to your records may be restricted in limited circumstances. If you are denied access, in certain circumstances, you may request that the denial be reviewed. Fees may be charged for copying and mailing.
- *Request additions or corrections to your PHI. CCC is not required to comply with a request. If we do not comply with your request, you have certain rights.
- *Receive a list of individuals who received your PHI from CCC (excluding disclosures that you authorized or approved, disclosures made for treatment, payment and healthcare operations and some required disclosures).
- *Ask that CCC restrict how it uses or disclose your PHI. CCC is not required to agree to a restriction.

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/ Client Name: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Complete Care Counseling's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights I can contact Cherell Butler at 410 University Pkwy, Suite 2300, Aiken, SC 29801.

Signature of Patient/ Client: _____ Date: _____

Signature of Parent, Guardian or Personal Representative:

_____ Date: _____

Authorization

Contact by Telephone/Verbally in Event of Breach of PHI

I, _____ [Insert Name of Patient/Client], authorize Complete Care Counseling to provide notice to me by telephone or verbally in the event of a breach of my protected healthy information (PHI) by Complete Care Counseling, LLC.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Rule modifying the HIPAA Privacy, Security, Enforcement and Breach Notification Rules, the verbal or telephonic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of Complete Care Counseling.

Signature of Patient/ Client: _____ Date: _____

Signature of Parent, Guardian or Personal Representative:

_____ Date: _____



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