

NOTICE OF PRIVACY PRACTICES

This notice describes how private health information about you may be used and disclosed and how you can access this information. If you have any questions, please contact the Privacy Officer at Owens & Associates Counseling & Therapy Center, LLC.

All written requests and appeals should be submitted to the Privacy Officer.

Who will follow this notice?

Owens & Associates Counseling & Therapy Center, LLC provides mental health counseling services to our clients through the services of mental health professionals. The information privacy practices in this notice will be followed by all mental health professionals who treat you at any location and all employees, staff, or others with whom we share information.

Our pledge to you.

We understand that health information about you is personal. We are committed to protecting the privacy of your health information. At Owens & Associates Counseling & Therapy Center, LLC a record of the care and services you receive is maintained in order to ensure the provision of quality care and to comply with legal requirements. This notice applies to all records of your care that we maintain, whether created by our facility staff or those received from other health care providers. The law requires us to:

1. Keep health information about you private.
2. Give you this notice of our legal duties and privacy practices with respect to your health information.
3. Follow the terms of notice currently in effect.

Changes to this notice:

Owens & Associates Counseling & Therapy Center, LLC may change privacy policies and this notice at any time. Changes will apply to health information we already hold as well as new information held after the change occurs. Before a policy change affecting the privacy of your health is made, Owens & Associates Counseling & Therapy Center, LLC will change this notice and post the new notice in all staff offices and on our website at www.owenscounseling.com. You may receive a copy of the notice at any time. You will be offered a copy of the current notice upon enrollment for services.

How we may use and disclose information about you:

1. Owens & Associates Counseling & Therapy Center, LLC may use and disclose health information about you for treatment, to obtain payment for treatment, and to support our health care operations.
2. Owens & Associates Counseling & Therapy Center, LLC may use or disclose medical information about you without your prior authorization for several reasons. Subject to

certain requirements, we may give out health information for public health services, abuse or neglect reporting, health oversight audits or inspections, research studies, coroner or medical examiner reviews, worker's compensation purposes, governmental functions, and emergencies. We may also disclose health information when required by law and for law enforcement purposes and specific circumstances or in response to valid judicial or administrative orders. We may also disclose health information if you are a member of the armed forces or foreign military personnel or if you are an inmate or under custody of a law enforcement official.

3. Owens & Associates Counseling & Therapy Center, LLC may contact you for appointment reminders or aftercare follow up, to tell you about or recommend possible treatment options, alternatives, health related benefits or services that may be of interest to you.

4. Owens & Associates Counseling & Therapy Center, LLC may disclose your health information to our business, each of whom has entered into a written contract with us regarding the privacy of your health information.

Other uses of health information:

In any other situations not covered by this notice, Owens & Associates Counseling & Therapy Center, LLC will ask for your written authorization before using or disclosing health information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing. However, we cannot take back any disclosures already made with your permission. Owens & Associates Counseling & Therapy Center, LLC will keep a record of all disclosures made.

Your rights regarding health information about you:

1. In most cases you have a right to look at or receive a copy of health information that we use to make decisions about you care. A written request is required. If you request copies, we may charge a fee for the cost of copying, mailing, and administrative handling. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

2. If you believe that information in your record is incorrect or if important information about you is missing, you have a right to request we correct or amend the records, by submitting a request in writing that provides your reason for requesting the correction or amendment. Owens & Associates Counseling & Therapy Center, LLC may deny your request to correct or amend a record if information was not created by us, if it is not part of your health information maintained by us, if it is not part of the health information that you have a right to review, or if we determine the record is accurate and complete. You may appeal, in writing, a decision by us not correct or amend your record.

3. You have a right to a list of certain instances where we have disclosed health information about you, when you submit a written request. The request must state the time period desired for accounting. You may receive the list in paper or electronic form. The first

disclosure list requested in a twelve month period is free. Other requests within the same twelve month period will be charged according to our cost of producing the list. We will inform of the fee before you incur any costs.

4. You have the right to request that health information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you. Owens & Associates Counseling & Therapy Center, LLC will not ask the reason for your request and will accommodate all reasonable requests.

5. You may request, in writing, a limit on the health information we use or disclose about you for your treatment, payment, or healthcare operations. You may request that we limit the health information disclosed about you or someone who is involved in your care. In your request you must state what information you wish to limit; whether you want to limit our use, disclosure or both; and to whom you want to limit the information. Owens & Associates Counseling & Therapy Center, LLC will consider your request but are not legally required to accept it. We will inform you of our decision to your request.

Complaints:

If you are concerned that your privacy rights may have been violated or if you disagree with a decision we made about access to your records, you may contact our Privacy Officer. Additionally, you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Under no circumstance will you be penalized or retaliated against for filing a complaint.