



Four Points Counseling Center

Notice of Privacy Practices

Effective November 1, 2021

This notice describes how medical and mental health information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully.

This document may be changed at any time. The current version of this notice will be the version in effect for all health information collected and maintained by Four Points Counseling Center (FPCC). You may obtain a copy of the newest version of this document by contacting FPCC at info@fourpointsc.com or calling 970-682-1337.

Four Points Counseling Center releases information only in accordance with state and federal laws and the ethics of the boards governing the professions of the practitioners therein.

This notice describes the policies of FPCC related to the use and disclosure of client protected health information (PHI). **Protected health information refers to information about you, including demographic information, that may identify you** or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

FPCC is permitted to disclose your PHI for the health care functions of providing treatment, collecting payment for health care services, and conducting health care operations. These activities are necessary for the provision of quality care and state and federal laws allow us to use and disclose your health information for these purposes.

Treatment: FPCC may use and disclose your health information to:

- ❖ Provide, manage and coordinate care with other entities currently involved in your health care
- ❖ Communicate with your referral source

Payment: FPCC may use and disclose your health information to:

- ❖ Verify insurance benefits and coverage
- ❖ Process claims and collect fees

Health Care Operations: FPCC may use and disclose your health information to:

- ❖ Conduct internal audits of treatment procedures to improve your care
- ❖ Conduct routine business and administrative functions surrounding your care
- ❖ Adhere to compliance, audit, investigation and licensing requirements

Other Uses and Disclosures Without Your Consent:

- ❖ Mandated reporting, emergencies and criminal activities
- ❖ Coroners, medical examiners and related professionals
- ❖ Appointment scheduling
- ❖ Research (rarely used and requires a rigorous approval process)
- ❖ Any and all other uses and disclosures as required by law

Client Rights

Right to Confidential Communication

You have the right to request where you are contacted and for communication to occur in a specific, limited or confidential manner. The Consent to Electronic Communication section of the Professional Disclosure and



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Consent to Treatment is one method you may use to state your preferences. FPCC will accommodate all reasonable requests.

Right to Obtain and Release Records

You may submit a written request to view or receive an electronic or paper copy of your health record and other health information, or to have your records sent to a third party. Contact FPCC at 970-682-1337 for information about making this request. We may provide a copy or summary of your record usually within thirty days of your request, and in compliance with all applicable laws. We may charge a reasonable, cost-based fee. You have the right to revoke in writing releases of information. Revocation is not valid to the extent that you have acted in reliance on such previous authorization.

Right to Request Amendment to Your Records

You may request to correct health information about you that you think is incorrect or incomplete. Contact FPCC at 970-682-1337 for information about making this request. Requests may not result in formal modifications to the health record. The request for the correction, however, will be added to the health record as an addendum.

Right to Accounting of Disclosures

You may obtain a list of the disclosures of your health information for six years prior to the date of your request including the recipient of the information and the reason for disclosure. We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures, such as those requested by you with a signed release or those made to law enforcement. FPCC will provide one accounting per year without charge. FPCC will charge a reasonable, cost-based fee if another is requested within the same twelve month period.

Right to Request Restrictions on Uses and Disclosures of PHI

You may request that we not use or share certain health information for treatment, payment, or operations. FPCC is not required to agree to the request, and may decline if it would affect your care. If you are not utilizing insurance or a third party payer for services, you may request that information not be shared with a payer. This can be accommodated unless FPCC is legally bound to disclose information.

Right to File a Complaint

If you feel your rights have been violated and wish to file a complaint, you may contact us directly at info@fourpointsc.com or 970-682-1337. You may also contact the United States Department of Health and Human Services. Please know we will not retaliate against you in any way for filing a complaint.

By placing your signature below, you attest that you have read and understand your rights and responsibilities under federal law regarding your protected health information. If you have questions about this notice or the privacy practices of Four Points Counseling Center, please contact Compliance Officer Lauren Stanley at 970-682-1337 or lauren@fourpointsc.com.

Client/Representative Signature