

HIPAA PRIVACY STATEMENT:

NOTICE OF PRIVACY RIGHTS THIS NOTICE CONTAINS INFORMATION CONCERNING HOW CONFIDENTIAL MENTAL HEALTH TREATMENT INFORMATION CONCERNING YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY AND LET US KNOW ANY QUESTIONS THAT YOU MAY HAVE CONCERNING THIS NOTICE.

I. During the process of providing services to you, Dr. Paul Waldmiller will obtain and use mental health and medical information concerning you that is both confidential and privileged. Ordinarily this confidential information will be used in the manner that is described in this statement, and will not be disclosed without your consent, except for the circumstances described in this Notice. Dr. Waldmiller is required by State and Federal law to maintain the privacy of protected health information. In addition, Dr. Waldmiller, is required by law to provide clients with this Notice of Privacy Practices explaining his legal duty and privacy practices with respect to your medical/mental health information, and to request that you sign the attached written acknowledgement that you received a copy of this Notice. This Notice describes how the Practice may use and disclose your protected health information (known also as PHI). This Notice also describes your rights regarding your protected health information and how you may exercise your rights. This includes your identity, diagnosis, dates of service, treatment plan, and progress in treatment. USES AND DISCLOSURES OF PROTECTED INFORMATION...General Uses and Disclosure Not Requiring the Client's Consent. Dr. Paul Waldmiller will use and disclose PHI in the following way.

1. Treatment. Treatment refers to the provision, coordination, or management of mental health care and related services by one or more health care providers. For example, Dr. Waldmiller while involved with your care may use your information to plan your course of treatment and consult with other health care professionals, professional supervisors, or their staff concerning services needed or provided to you.

2. Contacting the Client/s. Dr. Waldmiller, may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

3. Required by Law. Dr. Waldmiller will disclose PHI when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect to the Department of Human Services or to law enforcement; (b) when court ordered to release information; (c) when there is a legal duty to warn of a threat that a client has made of imminent physical violence, health care professionals are required to notify the potential victim of such a threat, and report it to law enforcement; (d) when a client is imminently dangerous to herself/himself or to others, or is gravely disabled, health care professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client; and (e) when required to report a threat to the national security of the United States.

4. Health Oversight Activities. Your confidential, PHI may be disclosed to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.

5. Crimes on the Premises or Observed by Dr. Paul Waldmiller/others. Crimes that are observed by staff, that are directed toward staff, or occur on Dr. Paul Waldmiller or others associated with him or his premises/home will be reported to law enforcement.

6. Family Members. Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, PHI will not be disclosed.

7. Emergencies. In life-threatening emergencies, Dr. Paul Waldmiller or staff will disclose information necessary to avoid serious harm or death.

8. Counseling-Therapy Notes. (A) These notes will be used only by your therapist and disclosure will occur only under these circumstances, or (B) if you bring a legal action and we have to defend ourselves; and (C) certain limited circumstances defined by the law.

9. Client Release of Information or Authorization. Dr. Paul Waldmiller and other health care professionals may not use or disclose protected health/counseling information in any way without a signed release of information or authorization. When you sign a release of information, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent Dr. Waldmiller has already taken action in reliance thereon.

II. YOUR RIGHTS AS A CLIENT

Access to Protected Health Information. You have the right to receive a summary of confidential health information concerning you with regard to Biblical counseling/therapy needed or provided to you. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. However, records pertaining to mental health problems may be withheld from a patient. A summary of records pertaining to a patient's mental health problems may, upon written, signed, and dated request, be made available to the patient or his or her designated representative following termination of the treatment program.

Amendment of Your Record. You have the right to request that Dr. Waldmiller amend your PHI. Dr. Waldmiller however is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request. You have the right to receive an accounting of certain disclosures Dr. Waldmiller has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed authorization. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Dr. Waldmiller for the form. You have the right to request additional restrictions on the use or disclosure of your health information. Dr. Waldmiller does not have to agree to that request. Dr. Paul Waldmiller reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains. When the notice is revised, the revised notice will be posted in service delivery sites and will be available upon request.

Complaints Regarding Privacy Rights. If you believe Dr. Waldmiller has violated your privacy rights, you have the right to complain to Dr. Waldmiller and discuss this matter. Please submit a statement, in writing, addressed Dr. Waldmiller and send to his email address, concerning your complaint and the basis for it.

Additional Information. If you desire additional information about your privacy rights at Covenant Counseling and Consulting, please ask us any questions that you may have.

Right to Revoke Consent or Authorization. You have the right to revoke

your consent or authorization to use or disclose your medical or mental health information, except for action that has already taken place under your consent or authorization.

Lastly, Federal law and regulations do not protect any information about a crime committed by a client either at program or against any person who is employed by Dr. Waldmiller, or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a client to commit imminent physical violence against another person to the potential victim who has been threatened and to law enforcement.

Signature _____ Date _____

Be sure to sign and then return original copy to Dr. Paul Waldmiller before Counseling sessions begin...
Paul@gfom.org