

Peaks Counseling LLC

405 N Beaver St. STE 10, Flagstaff, AZ 86001

928-525-6352

This notice went into effect on October 1, 2023.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE PERTAINS TO ALL CLIENTS ENGAGED IN, OR HAVING ENGAGED IN, SERVICES WITH PEAKS COUNSELING EMPLOYEES AND CONTRACTORS, INCLUDING THOSE CONTRACTORS UNDER THE COOPERATIVE PRACTICE MODEL.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

- Your health record contains personal information about you and your health. This information about you may identify you and relate to your past, present or future physical or mental health and any related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use or disclose your PHI in accordance with applicable law and the
 - *NASW Code of Ethics*
 - . It also describes your rights regarding how you may gain access to and control your PHI.
 - We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at

that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- For Treatment:
- Your PHI may be used or disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. We may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- For Payment:
- We may use or disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
- For Health Care Business Operations:
- We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of

your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

- Required by Law:
 - As required by law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
- Without Authorization:
 - The following is a list of categories, uses and disclosures permitted by the Health Insurance Portability and Accountability Act (HIPAA) without patient authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.
- Verbal Permission:
 - We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.
- With Authorization:
 - Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time.

As social workers and counselors licensed in this state, as mental health consultants committed to ethical practice and as members of professional associations, including the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the

NASW Code of Ethics

and HIPAA.

- Child Abuse or Neglect:

- We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- Judicial and Administrative Proceedings:
 - We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- Deceased Patients:
 - We may disclose PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate.
- Medical Emergencies:
 - We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- Family Involvement in Care:
 - We may disclose PHI to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- Health Oversight:
 - If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- Law Enforcement:
 - We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person. This includes information in connection with the victim of a crime, a deceased person, the reporting of a crime in an emergency, or a crime on the premises.

- Specialized Government Functions:
- We may review requests from United States Military Command Authorities if you have served as a member of the U.S. Armed Forces, authorized officials for national security and intelligence reasons, and the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws, and the need to prevent serious harm.
- Public Health:
- If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- Public Safety:
- We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Research:
- PHI may only be disclosed after a special approval process.

III. YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding the PHI we maintain about you. To exercise any of these rights, please submit your request in writing to: Peaks Counseling, C/O Privacy Officer, PO Box 1501 Flagstaff, AZ 86002.

- Right of Access to Inspect and Copy:
- You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains medical/mental health and billing records and

any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.

- Right to Amend:
- If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions regarding this.
- Right to an Accounting of Disclosures:
- You have the right to request an account of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one account in any 12-month period.
- Right to Request Restrictions:
- You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- Right to Request Confidential Communication:
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- Breach Notification:
- If there is a breach of secured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

- Right to a Copy of this Notice:
- You have the right to a copy of this notice.

IV. COMPLAINTS:

If you believe we have violated your privacy rights, you have the right to file a complaint in writing or with the Secretary of Health and Human Services at 200 Independence Avenue SW, Washington, D.C. 20201, or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

NOTICE OF COOPERATIVE PRACTICE AND CONSENT

This notice is meant to serve as informed consent that I am part of a Cooperative Practice called Peaks Counseling LLC. As a licensed mental health provider engaged in cooperative practice with Peaks Counseling, clients working with me will have the benefit of the cooperative practice model in addition to the individualized care provided by my private practice. Austin Smith, LCSW is independently licensed through the Arizona Board of Behavioral Health Examiners and is the owner of Peaks Counseling.

As part of a cooperative practice I may engage in the practices mentioned below:

- Monthly group supervision/case consultation to enhance service delivery and treatment planning for my clients
- Information sharing for coordination of care (as applicable)
- Use of intern students completing field work within mental health (examples of this include calling insurance on behalf of my clients and practice, helping with case management needs such as referrals and other administrative support tasks, such as phone calls, emailing and documentation, etc.)

Any disclosure of information for coordination of care or case consultation needs will only be to individuals that are bound to the same confidentiality laws and code of ethics that I am and are part of the Cooperative Practice.

Your signature indicates that you acknowledge and understand this notification of cooperative practice and am in agreement with the above disclosures. I have been informed of what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

Please contact your licensed mental health provider with any questions or concerns regarding this information and consent.

ACKNOWLEDGEMENT AND RECEIPT OF PRIVACY PRACTICES

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Notice of Privacy Practices for Peaks Counseling. I also acknowledge that I have received the Welcome Letter for Peaks Counseling, outlining policies, procedures and client rights related to obtaining services at Peaks Counseling. I consent to treatment and services provided by Peaks Counseling employees and those under contract in the cooperative practice of Peaks Counseling. I understand that the Notice of Privacy Practices and the Welcome Letter are available on the website for my review at any time (www.peaks-counseling.com)

and I can request an additional copy of these documents via email or paper. I understand that if I have any questions regarding this notice, my privacy rights, client rights, or policies and procedures for accessing services at Peaks Counseling, I can contact the Clinical Director, Austin Smith, LCSW at 928-394-2830 or austinsmithlcsw@protonmail.com