

NOTICE OF PRIVACY PRACTICES 2024

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

Protecting Your Privacy

Family Counseling Service of Northern Utah (FCS) understands the importance and sensitivity of your health information. We protect the privacy of your health information because this is the right thing to do. We follow federal and state laws that govern the use of your health information and use it (and allow others to have it) only as permitted by federal and state laws. These laws give you certain rights.

Your Health Information Rights

You may:

- Inspect and get a copy of your medical or billing records (including an electronic copy if available), as allowed by law, usually within 30 days of your request;
- Request and be provided a paper copy of our current Notice of Privacy Practices;
- Require us to communicate with you using an alternate address or phone number;
- Require that we not send information about a healthcare service or related item to your health plan if you or someone else pays in full for that service or item, and, if you notify us in advance that you – and not your health plan – are going to pay for this service or item (so we don't automatically bill your health plan);
- Request in writing that restrictions be placed on how your health information is normally used or shared for treatment or other purposes;
- Request an accounting of when your identifiable health information is shared outside of FCS for a purpose other than treatment or payment.

Notice of Privacy Practices

You may:

- Receive notice if Family Counseling Service of Northern Utah or a FCS business associate has breached the confidentiality of your health information;
- Report a privacy concern and be assured that FCS will investigate your concern thoroughly, support you appropriately, and not retaliate against you in any way (in fact, FCS will provide you with information on how to report any privacy concerns to our Privacy Officer, or the Office of Civil Rights, U.S. Department of Health and Human Services);
- Request in writing that your health information be amended if you think information is in error.

The law allows us to use or share your health information for the following purposes:

- To understand your health condition and to treat you for services. For example, we may receive your prescription information from other health services companies to help you avoid harmful drug interactions.
- To bill your healthcare services and to receive payment for our services. For example, we share with and receive health information from your health insurance company and/or other health care providers to better manage your care.
- To improve our care. For example, we may contact you for feedback on how to enhance our services.
- To improve our services to you by allowing companies with whom we contract, called "business associates," to perform certain specialized work. The law requires these business associates to protect your health information and obey the same privacy laws.
- To perform a very limited, specific type of health-related research, where the researcher keeps any patient-identifiable information safe and confidential. FCS reviews every research request to make sure your privacy is appropriately protected before sharing any health information.

- To law enforcement, but only as authorized by law, (i.e., to investigate a crime against FCS or any of its clients). The law sometimes requires us to share information for specific purposes, including the following:
 - To the Utah Department of Health to report communicable diseases, traumatic injuries, or for vital statistics;
 - To the appropriate governmental agency if an injury or unexpected death occurs at the FCS facility;
 - To state authorities to report child or elderly abuse;
 - To governmental inspectors who check our facility for safety;
 - Under certain conditions, to military command authorities or the Department of Veterans Affairs for patients who are in the military or who are veterans;
 - To a correctional institution, if a patient is an inmate, to ensure the correctional institution's safety;
 - To the Secret Service or NSA to protect, for example, the country or the President;
 - To a medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device;
 - To court officers, as required by law, in response to a court order of a valid subpoena;
 - To governmental authorities to prevent serious threats to the public's health or safety;
 - To governmental agencies and other affected parties, to report a breach of health-information privacy;
 - To a worker's compensation program if a person is injured at work and claims benefits under that program.

Uses According to Your Requests

- If you let us know your preferences for disclosing your information in the following situations, we will follow your directions.
- You decide if you want us to share any health or payment information related to your care with your family members or friends. Please let our FCS employees know what health or payment information you want us to share. We may use our professional judgment to help decide what is best.
- You decide who we should contact in an emergency. If you unable to do so, we may ask the public authorities to help. For example, we may ask the police to help find you or your family.
- You decide if you don't want us to remind you of your upcoming appointments. When you make an appointment, let the customer care staff know that you don't want these reminders.

Uses with Your Authorization

- Any sharing of your health information, other than as explained above, requires your written authorization. We will not use your health information unless you authorize us in writing to:
 - Send copies of your health information to a life insurance company;
 - Share any of your psychotherapy notes (notes that your therapist might keep but are not a part of your regular record), if they exist, with a third party who is not a part of your care;
 - Share any of your health information with marketing companies; or
 - Sell your identifiable health information.

If you authorize us to share your health information but then change your mind, please notify FCS in writing that you revoke the authorization. We will honor your revocation moving forward.

Changes to Privacy Rights

Changes to these Privacy Rights and my obligations are subject to change. Family Counseling Service of Northern Utah reserves the right to amend these rights and obligations subject to

applicable laws and regulations. FCS will post any new changes and you may request orally or in writing at no charge a written copy.

Questions and Complaints

FCS staff can help you with any questions you may have about the privacy of your health information. Staff can also address any privacy concerns you may have and can help you fill out any forms needed to exercise your privacy rights. Call our office at 801-399-1600. You have a right to submit a complaint to Family Counseling Service of Northern Utah and to the U.S. Secretary of Health and Human Services if you think that we have violated your Privacy Rights. You also have FCS's assurance as required by law that we will not retaliate against you for filing a complaint.

To submit a complaint or to ask further questions regarding this notice, submit your information in writing addressed to:

U.S. Dept. of Health & Human Services
Civil Rights 1961 Stout St. Room 1428
Denver CO 80294-3538
Telephone: (303) 844-2024

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

CLIENT OR GUARDIAN NAME

DATE