

Notice of Privacy Practices

Couples Counseling Center, LLC

1003 S. Terrace Drive, Bountiful, Utah 84010, 801-633-1566, FAX 801-797-9075
144 Brookside Drive, Idaho Falls, Idaho 83404, 208-538-0676, FAX 801-797-9075
Couplescounselingcenter.net

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.

Why we are Providing You With This Notice

We are required by federal law known as the *Health Insurance Portability and Accountability Act* (HIPAA) to give you this Notice. This Notice will tell you about the ways in which we may use and disclose health information about you and will describe your rights and our obligations regarding the use and disclosure of that information.

Your Health Information

This Notice applies to the information and records we have about your health, health status, and the health care services you receive from The Couples Counseling Center. This information and records relates primarily to counseling services you have received from us.

How We May Use and Disclose Health Information About You:

- For Treatment

We may use or disclose health information about you to facilitate counseling and other health treatment. For example, your counselor might disclose information about you to another Couples Counseling Center's therapist so that the therapist can determine the most appropriate care for you.

- For Payment

We may use and disclose health information about you so that we can be paid by you, an insurance company, or another party, including current or future bishops if they are paying any portion of the fee for the services we provide to you. For example, we may need to give your insurance company information about our services to you so the company will pay us for these services.

- For Agency Operations

We may use and disclose health information about you in order to run our office and make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate the performance of our staff or to contact you to remind you of your appointments.

Please notify us in writing if you do not want us to contact you to remind you of your appointments.

Special Situations

We may use or disclose your health information without your permission for several reasons. These reasons include:

- Disclosing your health information when we believe that disclosure is necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- Disclosing your health information as required by federal, state or local law.
- Disclosing your health information as required by law to prevent injury or suspected abuse or neglect.
- Disclosing your health information in response to a court order, subpoena, warrant, summons or similar process.

Other Uses and Disclosures of Health Information

Except where otherwise required or authorized by law, we will not use or disclose your health information for any purpose without your written authorization. If you authorize us to use or disclose health information about you, you may revoke our authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, but we cannot take back any uses or disclosures we have already made with your permission.

Notice of Privacy Practices

Individual, Family & Couples Counseling Center, LLC

1003 S. Terrace Drive, Bountiful, Utah 84010, 801-633-1566, FAX 208-523-1541, 208-538-0676

I have received a copy of the *Notice of Privacy Practices* as required by federal law known as the Health Insurance Portability and Accountability Act (HIPAA).

Signature: _____ Date: _____

Signature: _____ Date: _____