



## **Gold Circle Counseling LLC**

13911 Gold Circle, Suite 210  
Omaha, Nebraska 68144

### **Privacy Notice**

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

#### **Understanding Your Health Record/Information**

As part of your counseling healthcare here, a record will be made of each visit and any other important exchange of information on your behalf. This record may include your symptoms, diagnosis, treatment plan and other impressions. Your information is used by insurance companies to verify that the services billed were actually provided. Although your health record belongs to the healthcare provider, you do have certain rights with regard to your health information.

#### **Your Rights:**

- You have a right to expect that your health information will be kept secure and used only for legitimate purposes.
- You have a right to understand how your health information may be used and disclosed by Gold Circle Counseling, LLC.
- You have a right to receive this privacy notice that tells you how your health information may be used or disclosed.
- You have a right to ask questions about any healthcare privacy issue and have those questions clearly and promptly answered.
- You have a (limited) right to know who has seen your health information, and for what purpose.
- You have a right to see, and keep a copy of, all your health records (except psychotherapy notes). Your request for a copy of your record must be in writing. We may charge you a reasonable, cost based, copy fee.
- You have a right to ask for correction-or inclusion of a statement of disagreement-for anything in your records that you feel is in error. Your request must be in writing and include supporting documentation.
- You have a right to authorize-or refuse-additional uses of your health information, such as for fundraising, marketing, or research.
- You have a right to request extra protections for health information you consider especially sensitive, and to request that we communicate with you by alternative means.

## **Our Responsibilities:**

- Maintaining the privacy of your health record
- Providing you with a copy of this Notice
- Abiding by the terms of this Notice
- Notifying you if we are unable to agree to a requested amendment or restriction
- Accommodating reasonable requests you may have to communicate health information by alternative means or at alternative locations

If our information practices change, we may change this Notice. If we do so, the change will be effective for information gathered both before and after the effective date of such change. The effective date of our Notice will always appear at the end of the Notice. We will not use or disclose your health information without your authorization, except as described in this Notice.

## **Disclosures for Treatment, Payment and Healthcare Operations:**

We may use or disclose your information for treatment, payment, and healthcare operations without your permission. However, if state law requires us to obtain your written permission to use or disclose your health information for treatment, payment, or healthcare operations, we will do so.

We will use or disclose your health information for payment.

For example: We may send your bill to you or your insurance company. Your bill may contain information that identifies you, as well as your diagnosis, treatment plan and procedures. Further, your billing may be processed through a third party billing service and similar information may be disclosed to that service. This billing service must use appropriate safeguards to protect your health information.

## **Other Disclosures That May be Made Without Your Authorization:**

Unless we are otherwise restricted from doing so, we may also use or disclose your information for the following purposes without your authorization:

**Gold Circle Counseling, LLC:** We may use your information to provide you with information regarding a health-related product or service provided by Gold Circle Counseling, LLC or information regarding your treatment of care, such as appointment reminders or information about treatment alternatives. In addition, your health information may be used in face-to-face encounters or to provide you with gifts of nominal value.

**Workers Compensation:** We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Specialized Governmental Functions:** We may disclose your health information for military and veterans activities, national security and intelligence activities, and similar special governmental functions as required or permitted by law.

**Correctional Institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Notification:** As permitted or required by law, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care about your location and general condition.

**Law Enforcement:** We may disclose your health information for law enforcement purposes as required or permitted by law or in response to a valid subpoena, court order or other binding authority.

Disclosures Required by Law: We may use or disclose your health information as required by law provided such use or disclosure complies with and is limited to the relevant requirements of such law. For example, this may include involvement in abuse, neglect, violence, or to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Health Oversight Agencies: We may disclose your health information to an appropriate health oversight agency, public health authority or attorney involved in health oversight activities.

Judicial and Administrative Proceedings: We may disclose your health information for judicial or administrative proceedings as required or permitted by law or in response to a valid subpoena, court order or other binding authority.

By signing this consent I release all information in my file to be shared with Gold Circle Counseling, LLC providers who are involved directly in my care.

THIS NOTICE SERVES AS THE JOINT NOTICE OF PRIVACY PRACTICES FOR ALL PROVIDERS AT GOLD CIRCLE COUNSELING, LLC.

For More Information or to Report a Problem:

If you have questions or would like additional information, you may contact the Privacy Officer, Mary Ellen Keeley, at Gold Circle Counseling, LLC. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, at 402-333-6950, or with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Effective Date: July 1, 2019

I acknowledge I have received a copy of this Privacy Notice:

Signature \_\_\_\_\_

Please print your name \_\_\_\_\_

Date \_\_\_\_\_