

HIPPA NOTICE OF PRIVACY PRACTICES

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.

Effective date: April 14, 2003

CORNERSTONE COUNSELING, LLC has been and will always be totally committed to maintaining clients' confidentiality . We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession. This notice describes our policies related to the use and disclosure of your healthcare information.

Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes .

TREATMENT We may need to use or disclose health information about you to provide, manage or coordinate you care or related services. This could include consultants and potential referral sources.

PAYMENT Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family responsible for your insurance.

HEALTHCARE OPERATIONS We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

Other uses or disclosures of your information which does not require your consent: There are instances in which we may be required to use and disclose information without your consent. Not limited to: Information you and/or your child report about physical or sexual abuse: by Missouri State Law, we are required to report this to the Department of Children and Family Services. Information that informs us that you are in danger of harming yourself or others must be reported. Information is shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order. Information to remind you of/or to reschedule appointments or treatment alternatives.

CLIENT RIGHTS You have the following rights:

Right to request where we contact you

- You inform us of this request when you complete the questions online in Therapy Appointment. Please tell your counselor if you have specific requests

Right to release your medical records

- Written authorization to release records to others
- Right to revoke release in writing
- Revocation is not valid to the extent that you have acted in reliance on such previous authorization

Right to inspect and copy your medical and billing records

- Right to inspect and copy your billing records
- Counselor may deny this request
- Charges for copying, mailing, etc.

Right to add information or amend your medical records

- May request to amend record
- Number of days to decide
- May deny the request
- If denied, right to file a disagreement statement
- Disagreement statement and your response will be filed in record
- Amendment request must be in writing

Right to accounting disclosures

- For a six year period beginning no later than 4/14/03
- Exceptions:
 - Disclosure for treatment payment or healthcare operations
 - Disclosures pursuant to a signed release
 - Disclosure made to client
 - Disclosures for national security or law enforcement

Right to request restriction on uses and disclosures of your healthcare information

- Must be in writing
- You are not obligated to agree

Right to complain

- Please contact Scott Murphy at 816-525-5333
- If not satisfied, send a written complaint to the US Department of Health and Human Services
- There will be no retaliation

Right to receive changes in policy

- You may request future changes from Scott Murphy