HIPAA 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.  
  
Molly Bingham Counseling LLC at 10823 Boyette Road, Riverview, Florida 33569.  
  
GENERAL INFORMATION  
  
Information regarding your health care, including drug and alcohol treatment, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), (42 U.S.C. § 1320d et seq., and 45 C.F.R. Parts 160 & 164) and the Drug and Alcohol Treatment Confidentiality Law (42 U.S.C. § 290dd- -2, and 42 C.F.R. Part 2). Under these laws, Molly Bingham Counseling LLC may not disclose any information identifying you as receiving alcohol or drug (AOD) treatment or disclose any other protected information, except as permitted by law.  
  
This notice tells you how Molly Bingham Counseling LLC protects the confidentiality of your protected health information (PHI). PHI is any individually identifiable information, for example: your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, and dates of treatment. We follow the privacy practices that are described in this notice.  
  
USES AND DISCLOSURES OF YOUR PHI  
  
We may use or disclose your PHI without your prior authorization for purposes of health care treatment, payment of claims, and for other health care operations. Also, we may use your PHI in audits, program evaluations including counselor certification, fraud detection, or for planning and managing the regulatory work of Molly Bingham Counseling LLC.   
  
We may disclose PHI to third parties, called business associates, that perform services for Molly Bingham Counseling LLC in the administration or oversight of your treatment. If we disclose PHI, we make sure they protect the privacy of the information that we share with them. We are also permitted to use and/or disclose your PHI in other limited circumstances. For example, to comply with a valid authorization, to assist in disaster relief efforts, for purposes of health oversight by government agencies and for use in creating summary information that can no longer be traced to you. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum.  
  
We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions); when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law; and when otherwise required by law. Molly Bingham Counseling LLC may disclose your PHI without your prior authorization in response to a valid court order under 42 CFR Part 2.  
  
DISCLOSURES WITH YOUR AUTHORIZATION  
  
Molly Bingham Counseling LLC will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can revoke any authorization by writing to Molly Bingham Counseling LLC to stop any future use and disclosure.

YOUR RIGHTS REGARDING PHI  
  
Right to Request Restrictions.   
You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request. You may not limit the uses and disclosures that we are legally required or allowed to make. If we do agree, we will comply unless the information is needed to provide emergency treatment. Your request for restrictions must be made in writing and submitted to the Privacy Officer at the address below.  
  
Right to Receive Confidential Communications.   
You may ask us to send papers to you at a different location or in a special way. You must ask us in writing. We will try to grant your request if we feel it is reasonable. For example, you may ask us to send a copy of your PHI to a different address than your home address.  
  
Right to Inspect and Copy Your PHI.   
You may review your PHI and/or ask for copies. Under limited circumstances, we may deny you access to a portion of your records. You may contact the Privacy Officer if you want to access your records. If you request copies, we will charge you $0.50 per page plus the actual cost of postage.  
  
Right to Amend Your Records.   
You have the right to request that we amend the PHI held by Molly Bingham Counseling LLC. We will comply with your request unless we believe that the information that would be amended is correct and complete or that other circumstances apply. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You have the right to appeal our decision not to amend your PHI to a State court.  
  
Right to Receive an Accounting of Disclosures.   
You may ask for an accounting of certain disclosures of your PHI. These disclosures must have occurred before the time of your request, and we will not go back more than six (6) years before the date of your request. This right does not apply to disclosures for purposes of treatment, payment, or health care operations, or for information we disclosed after we received a valid authorization from you, or disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Send your written request for an accounting to the Office Manager.  
  
Right to Receive a Paper Copy of this Notice and Changes in the Notice.   
If you ask, you may obtain a paper copy of this Notice. Molly Bingham Counseling LLC may change this notice and make the new notice effective for your PHI, which we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute it to you within 60 days of the change to our practices. To assist in maintaining the confidentiality of your records, and because Molly Bingham Counseling LLC notice will be given to you by posting the revised Notice on the Molly Bingham Counseling website at least 60 days before the change is implemented. You may check the Molly Bingham Counseling LLC website at mollybinghamcounseling.com. You may request an unsigned copy of this notice anytime by contacting the Office Manager at the address or phone number at the start of this notice. You must sign and receive a copy of this notice at the time of enrollment with Molly Bingham Counseling LLC.  
  
For Further Information and Complaints.   
If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Office Manager at the address above. You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. When you ask, the Office Manager will provide you with the correct address for the OCR. We will not take any action against you if you file a complaint with us or with the OCR.  
  
Right to Revoke Your Written Permission (Authorization).   
You may change your mind about your authorization or any written permission regarding your PHI by giving or sending a written "revocation statement" to the Office Manager at the address above. The revocation will not apply to the extent that we have already taken action where we relied on your permission.  
  
NOTICE OF ANY BREACH  
  
Molly Bingham Counseling LLC has physical, administrative, and technical safeguards to protect your data. However, if a breach in that security occurs, Molly Bingham Counseling LLC will notify you if your PHI is breached. To maintain the confidentiality of your records, and because Molly Bingham Counseling LLC does not maintain a record of your address or e-mail, Molly Bingham Counseling LLC will use “Substitute Notice” as provided for in Civil Code section 1798.29(g). Notice of the breach will be conspicuously posted at mollybinghamcounseling.com.   
When you see this notice, you may contact the Office Manager to determine if your information was included in the breach. You must submit your request in writing with adequate information to confirm your identity.   
  
For further information about the complaint process or any of the information in this notice, you may contact the office manager at the address and telephone number listed above.  
  
REVIEW:  
Your rights regarding PHI are reviewed below. To exercise these rights, please submit a written request to the Practice at the address below.  
  
To inspect and copy PHI.  
• You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.  
• The Practice may deny your request if it believes the disclosure will endanger your or another person's life. You may have a right to have this decision reviewed.  
  
To amend PHI.  
• You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.  
• The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.  
  
To request confidential communications.  
• You can ask the Practice to contact you in a specific way. The Practice will say “yes” to all reasonable requests.  
  
To limit what is used or shared.  
• You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.  
• If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.  
• You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.  
  
To obtain a list of those with whom your PHI has been shared.  
• You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.  
  
To receive a copy of this Notice.  
• You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.  
  
To choose someone to act for you.  
• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.  
  
To file a complaint if you feel your rights are violated.  
• You can file a complaint by contacting the Practice using the following information:

Molly Bingham Counseling

10823 Boyette Road, Riverview, Florida 33569  
• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.  
• The Practice will not retaliate against you for filing a complaint.  
  
To opt out of receiving fundraising communications.  
• The Practice may contact you for fundraising efforts, but you can ask not to be contacted again.  
  
  
OUR USES AND DISCLOSURES

1. Routine Uses and Disclosures of PHI  
The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:  
  
To treat you.  
• The Practice can use and share PHI with other professionals who are treating you.  
• Example: Your primary care doctor asks about your mental health treatment.  
  
To run the health care operations.  
• The Practice can use and share PHI to run the business, improve your care, and contact you.  
• Example: The Practice uses PHI to send you appointment reminders if you choose.  
  
To bill for your services.  
• The Practice can use and share PHI to bill and get payment from health plans or other entities.  
• Example: The Practice gives PHI to your health insurance plan, so it will pay for your services.  
  
2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object:

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:  
  
To help with public health and safety issues  
• Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.  
• Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.  
• Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.  
• Serious threat to health or safety: To prevent a serious and imminent threat.  
• Abuse or Neglect: To report abuse, neglect, or domestic violence.  
  
To comply with law, law enforcement, or other government requests  
• Required by law: If required by federal, state or local law.  
• Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.  
• Law enforcement: For law locate and identify you or disclose information about a victim of a crime.  
• Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.  
• National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.  
• Workers' Compensation: To comply with workers' compensation laws or support claims.  
  
To comply with other requests  
• Coroners and Funeral Directors: To perform their legally authorized duties.  
• Organ Donation: For organ donation or transplantation.  
• Research: For research that has been approved by an institutional review board.  
• Inmates: The Practice created or received your PHI in the course of providing care.  
• Business Associates: To organizations that perform functions, activities or services on our behalf.  
  
3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object  
Unless you object, the Practice may disclose PHI:  
  
To your family, friends, or others if PHI directly relates to that person's involvement in your care.  
  
If it is in your best interest you cannot state your preference.  
  
4. Uses and Disclosures of PHI Based Upon Your Written Authorization  
The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:  
  
Marketing, sale of PHI, and psychotherapy notes.  
  
You may revoke your authorization by contacting the Practice in writing using the information above. The Practice will not use or share PHI other than as described in the Notice unless you give your written permission.  
  
  
OUR RESPONSIBILITIES  
• The Practice is required by law to maintain the privacy and security of PHI.  
• The Practice must abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.  
• The Practice reserves the right to amend the Notice. All changes apply to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or viewing a copy on the website.  
• The Practice will inform you if PHI is compromised in a breach.