

*******A U bc`JU Counseling Gc`i h`c bg, LLC**

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 THIS NOTICE CAREFULLY.

The effective date of this Notice is Lwaf '423; .

Protecting the privacy and confidentiality of information about our clients is extremely important to O ci pqrkc Counseling Uqnrwkpqu." LLC (hereafter referred to as "O ci pqrkc"). Accordingly, O ci pqrkc strives to comply with the applicable state and federal law. O ci pqrkc is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of Protected Health Information and to provide you with notice concerning our privacy practices. In the event that another law, other than HIPAA, prohibits or limits O ci pqrkc's use and disclosure of Protected Health Information, O ci pqrkc will comply with the more stringent standard.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how O ci pqrkc may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI. Magnolia is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. Magnolia is required to abide by the terms of this Notice of Privacy Practices. Magnolia reserves the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Magnolia will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Uses and Disclosures. The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other providers important in your care such as your primary care physician, psychiatrist, case manager, clinical supervisors, other health care providers or consultants only with your authorization.

For Payment. Magnolia may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. Magnolia may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract (i.e., HIPAA Business Associate Agreement) with the business that requires it to safeguard the privacy of your PHI. Magnolia may release your PHI when cooperating with outside organizations that accredit, evaluate, certify, audit, or license the staff at Magnolia. For training or teaching purposes PHI will be disclosed only with your authorization.

In addition, Magnolia may use your PHI to remind you of missed or future appointments, payment reminder for an outstanding financial balance to your account, to provide information about treatment alternatives or other health-related benefits and services either by telephone, written, or electronic correspondence. Your PHI may also be released to resolve complaints, grievances, and appeals against Magnolia and /or Magnolia's business associates.

Family and Friends Involved in Your Care. Magnolia will not routinely disclose PHI to your family and friends, even when they have been involved in your treatment, without your prior authorization. If you are incapacitated as we determine that a limited disclosure is in your best interest, Magnolia may share limited PHI with such individuals.

Required by Law. Under the law, Magnolia must disclose your PHI to you upon your request. In addition, Magnolia must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit Magnolia to disclose information about you without your authorization only in a limited number of situations. It is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Child Abuse, Exploitation of a Vulnerable Adult or Neglect. Required by Law, such as the mandatory reporting of suspected child abuse or neglect and to report suspected abuse, neglect, or exploitation of a vulnerable adult, or mandatory government agency audits or investigations (such as Social Work / LPC Licensing Boards and other Licensing Boards as applicable, Department of Health and Human Services, Medicaid, Medicare, etc.). Magnolia may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. Magnolia may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process. Magnolia may be required by law to use or disclose your PHI when responding to a court order or if a client files a complaint or lawsuit against Magnolia, we may disclose relevant information regarding the client in order to defend Magnolia. SC Law states that "where the licensee is a defendant in a civil, criminal, or disciplinary action arising from the course of service to the client in which case confidences may be disclosed only in the course of that action"

Deceased Patients. Magnolia may disclose PHI regarding deceased patients as mandated by South Carolina law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA. Magnolia may disclose your PHI to coroners or medical examiners consistent with South Carolina law.

Medical Emergencies. Magnolia may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. Magnolia may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, Magnolia may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. Magnolia may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a

crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Magnolia may disclose your PHI for the proper law enforcement purposes. For example, if a crime is committed by you or upon you while you are in treatment, SC law states that Magnolia may reveal confidences if “the intention of the patient is to commit a crime or harm himself/herself and the information necessary to prevent the crime or harm”

Specialized Government Functions. Magnolia may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, Magnolia may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

If a client files a worker’s compensation claim, and services are being compensated through workers compensation benefits, Magnolia must, upon appropriate request and release, provide a copy of the client’s record to the client’s employer or the South Carolina Industrial Commission.

Public Safety. If it is believed that a client presents an imminent danger to the health and safety of another, Magnolia may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and / or calling the police. Magnolia may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

According to SC Law, Magnolia may disclose PHI “when required by statutory law or by court order for good cause shown to the extent that the patient’s care and treatment or the nature and extent of his/her mental illness or emotional condition are reasonably at issue in a proceeding; provided, however, confidences revealed shall not be used as evidence of grounds for divorce.”

Per SC Law, Magnolia may reveal PHI “where the client is a party in a criminal or civil proceeding, and the client introduces his/her mental condition as an element of a claim or defense”

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. Magnolia may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission. Magnolia may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at:

Magnolia Counseling Solutions, LLC, 1565 Ebenezer Road, Suite #135, Rock Hill, SC 29732

(803) 384-7333

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set

contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. O ci pqrk may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. O ci pqrk may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. O ci pqrk may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. O ci pqrk will accommodate reasonable requests. O ci pqrk may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. O ci pqrk will not ask you for an explanation of why you are making the request.

Breach Notification. If there is a breach of unsecured PHI concerning you, O ci pqrk may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

We will not retaliate against you for filing a complaint.

The effective date of this Notice is K