



## Rooted Counseling, PLLC

rootedcounseling.net

403 W Cherry Ln • Meridian, ID 83642

Phone: (208) 887-1911 ext 105 • Fax: (208) 895-8049

Email: luis.cortez0712@gmail.com

### **Notice of Privacy Practices Health Insurance and Notice of Accountability Act (HIPAA)**

*This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.*

As part of my professional practice, I maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. “Protected health information” (PHI) is information you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present, or future physical or mental health or condition, the provision of health care services, or the past, present, or future payment for the provision of health care.

Clients rights regarding their PHI:

- **Right of Access to Inspect and Copy:** you have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that I maintain.
- **Right to an Accounting of Disclosures:** you have the right to request a copy of the required accounting of disclosures that I make of your PHI.
- **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 options.
- **Right to a Copy of this Notice:** you have the right to a paper copy of this notice.
- **Right of Complaint** you have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint. **My Uses and Disclosures of PHI for Treatment, Payment, and Health Care Operations:** **Treatment:** I may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, I may disclose your PHI to others of your current providers, and to the extent you have not caused an objection in writing, to your providers, or to other persons including family members, involved in your care. **Health Care Operations:** I may use and



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disclose your PHI for the health care operations of my professional practice in Such disclosures would be to Business Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist me in my delivery of your health care. Other Uses & Disclosures That Do Not Require Your Authorization or Opportunity to Object: Required by law: I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule. Health Oversight. I may disclose your PHI to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me (such as third-party payers).

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Threat to Health or Safety. I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

### **Privacy Policies:**

Appointment Reminders. I may use your PHI to contact you to remind you of your appointments with me.

Compulsory Process. I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will also disclose your PHI if: (1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand, and (4) such time has elapsed.

Uses and Disclosures of PHI With Your Written Authorization I will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment.



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*This Notice of Privacy Practices informs you how I may use and disclose your PHI and your rights regarding your PHI. I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time.*

Contact Information: Luis Cortez, LPC

Luis.Cortez0712@gmail.com

Complaints: If you believe I have violated your privacy rights, you may file a complaint in writing to me, as my own Privacy Officer, specified on the first page of this Notice. I will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

**Acknowledgement: I hereby acknowledge receiving a copy of this Notice of Privacy Practices.**

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_