

Ridgeline Consulting Services, LLC
304-745-7837

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.

The privacy of your health information is very important to us and we want to do everything possible to protect that privacy. We have an ethical and a legal responsibility under federal and state law to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice. Please feel free to ask for clarification about anything in this material.

Here are some examples of how we use and disclose information about your health information.

We may use or disclose your health information

1. To anyone on our staff involved in your treatment program. This includes paid and volunteer, clinical and administrative staff, on a need to know basis. We may contact you for the purpose of setting up appointments, appointment reminders, and to provide you with treatment alternative and health-related information.
2. To set-up and receive payment from you or from a third party payer (such as your insurance) for services we provide for you.
3. We also may disclose your health information to a physician or other healthcare provider who is also treating you.
4. To professional business associates, such as a contracted medical billing agency. Business associates are expected and required to protect and safeguard our information with the highest professional standards.
5. To anyone you give us written authorization to have your protected health information, for any reason you want. You may revoke this authorization in writing any time you want. When you revoke an authorization, it will only affect the disclosure of your health information from that point on.
6. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at the time. In so doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.
7. To avoid harm or if you are a danger to yourself or others. We may provide your health information to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public. Disclosure is compelled or permitted if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if we determine that disclosure is necessary to prevent a threatened danger. Disclosure is mandated, if we have a reasonable suspicion of child abuse or neglect, or if we have a reasonable suspicion of elder abuse or dependent adult abuse or neglect.
8. To any person required by federal, state, or local laws to have lawful access to your treatment program. These may include, but are not limited to, circumstances involving clients who are military personnel, cases involving worker compensation, or if there is a possibility of a public health risk.

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We will not use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

As a client, you have these important rights:

- A. With limited exceptions, you can make a written request to inspect your protected health information that is maintained by us for our use. You can ask us for photocopies of this information. We will charge you \$0.25 per page for making these photocopies.
- B. You have a right to a copy of this notice at no charge.
- C. You can make a written request to have us communicate with you about your health information by alternative means, such as by fax only, or at an alternative location, such as to your work place only. Your written request must specify the alternative means and location.
- D. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.
- E. You may make a written request that we amend any part of your health information. If we approve your written amendment, we will change or make addendums to our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing. If we deny your amendment, we will do so in writing. You can place a written statement in our records disagreeing with our denial of your request.
- F. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than for treatment, payment, or operations. If you request this accounting more than once in a twelve month period, we may charge you a fee based on our costs for tabulating these disclosures.
- G. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice, you may submit a written complaint to us or the United States Department of Health and Human Services. We will provide you with that address upon written request.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law. Any changes in our privacy practices will affect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here. These changes could also affect how we protect the privacy of any of your health information we had before the changes.

When we make any of these changes, we will also change this notice and give you a copy of the new notice if you are an active client at the time of the change. When you are finished reading this notice, you may request a copy of it at no charge to you. If you have any questions or concerns about the material in this document, please ask us for assistance which we will provide at no charge to you.

SIGNATURE _____ Date _____

Witness _____ Date _____