HIPPA NOTICE OF PRIVACY PRACTICES

HIPAA Release and Notice of Privacy Practices

Balance Counseling and Recovery, LLC
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Effective Date: August 1, 2022, Reviewed March 10, 2025**:**

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HIPAA-Compliant Information and Privacy Practices

Introduction

Balance Counseling and Recovery, LLC is committed to maintaining the privacy and security of your health information in compliance with the **Health Insurance Portability and Accountability Act (HIPAA)**. This document outlines how we protect your Protected Health Information (PHI), your rights regarding your health information, and how we may use or disclose it.

Your Protected Health Information (PHI)

PHI includes **any information** that identifies you and relates to your past, present, or future physical or mental health condition, treatment, or payment for healthcare services.

Examples of PHI include:

- Your name, address, phone number, and other identifying details.
- Your diagnosis and treatment plan.
- Session notes and progress records.
- Billing and payment information.

How We Use and Disclose Your PHI

We use and disclose your PHI **only as permitted by HIPAA** and applicable laws. Below are the primary ways in which we may use or share your information:

1. Treatment

We may use your PHI to provide and coordinate your healthcare services. This includes sharing information with:

- Your treating clinician(s) at Balance Counseling and Recovery, LLC.
- Other healthcare providers involved in your care (with your written consent).

2. Payment

We may use or share your PHI to:

- Bill and process claims with your insurance provider.
- Verify insurance benefits and coverage.
- Obtain prior authorization for services.

3. Healthcare Operations

We may use your PHI for internal operations, such as:

- Quality assessment and improvement.
- Staff training and supervision.
- Compliance with licensing and accreditation requirements.

Your Rights Under HIPAA

You have several rights regarding your PHI:

1. Right to Access

You may request a copy of your treatment records. We will provide them within **30 days**, unless an exception applies.

2. Right to Request Amendments

If you believe your records are inaccurate or incomplete, you may request a correction. We will review your request and respond within **60 days**.

3. Right to Request Confidential Communications

You may request that we contact you at a specific phone number or address to protect your privacy.

4. Right to Request Restrictions

You may request limits on how we use or disclose your PHI. While we will consider your request, we are not always required to agree.

5. Right to an Accounting of Disclosures

You may request a list of disclosures we have made of your PHI, excluding those for treatment, payment, and healthcare operations.

6. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with:

- **Balance Counseling and Recovery, LLC** (Contact: Janet Richards, Privacy Officer, 234-209-9686).
- **U.S. Department of Health & Human Services (HHS)** at www.hhs.gov/ocr or by calling **1-800-368-1019**.

Confidentiality and Security Measures

We take several steps to protect your PHI, including:

- **Secure electronic records** stored in a HIPAA-compliant system (**Simple Practice**).
- **Limited access** to PHI based on need-to-know authorization.
- **Encrypted communication** for emails and telehealth sessions.
- **Strict policies** prohibiting unauthorized disclosure of PHI.

Limits to Confidentiality

There are specific situations where we may be **required by law** to disclose your PHI **without your consent**:

1. **If you are at risk of harming yourself or others** (mandatory safety reporting).
2. **If there is suspected abuse or neglect** of a child, elder, or dependent adult.
3. **If we receive a valid court order or subpoena**.
4. **If required by national security or law enforcement agencies**.

Whenever possible, we will notify you before making these disclosures and limit the information shared to the minimum necessary.

Use of Technology and Telehealth

- **Client Portal:** Our secure portal is the **primary method** for scheduling, messaging, and accessing records.
- **Telehealth Sessions:** Conducted via HIPAA-compliant video conferencing. You must provide consent before engaging in telehealth.
- **Texting and Email:** Should be used only for scheduling purposes and not for discussing clinical matters.

Acknowledgment and Consent

By signing our HIPAA Notice of Privacy Practices, you acknowledge that you have received this information and understand how your PHI may be used and disclosed. You may revoke consent at any time in writing.

For further inquiries, contact **Janet Richards, Privacy Officer** at (234) 209-9686.