



HIPAA PRIVACY POLICY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your health information is personal, and we are committed to protecting it.

For purposes of this Notice "ITSCO" will be referred to by the pronouns as "we," "us" and "our" referring to the organizations and their contracted or employed health care providers.

We use and disclose health information about you for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and for other purposes permitted by HIPAA and applicable law. We are required by law to maintain the privacy of your health information and provide you a notice of our legal duties and privacy practices with respect to that information and to provide you with notice of a breach of your unsecured protected health information.

This Notice applies to all records about your care that are created, and/or maintained by us. It is our responsibility to protect your information. Please review it carefully.

How We May Use or Disclose Your Health Information:

We may use or disclose your health information, in certain situations, without your consent or authorization. Below we describe examples of how we may use or disclose your health information. Such uses or disclosures may be in oral, paper or electronic format.

To Treat You. We may use and disclose your health information to provide you with mental health treatment or services or to assist in the coordination, continuation or management of your care and any related services. This includes the coordination or management of your health care with a third party. For example, we may ask your primary care physician about your overall health condition.

For Payment. We may use and disclose your health information to others for purposes of obtaining payment for treatment and services that you receive. For example, we may send your information to your health insurance company to collect payment.

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To Run Our Organization. We may use and disclose health information about you for operational purposes, including improving your care. We will contact you when necessary.

To Comply With the Law. We may use and disclose information about you as required or permitted by federal or state law. If a use or disclosure is required by law, the use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified of any such uses or disclosures. For example, we may use and/or disclose information for the following purposes:

- For judicial proceedings pursuant to legal authority or court order;
- In the response to a subpoena;
- To assist law enforcement officials in their law enforcement duties;
- To notify you in the instance of a breach involving your unsecured health information,
- To assist health oversight agencies for activities authorized by law
- To assist in worker's compensation claims
- To assist military and veteran's activities, national security and intelligence activities, and protection of public officials.

Public Health. Your health information may be used or disclosed for public health activities such as: (1) preventing disease ; (2) reporting suspected child abuse, neglect, or violence (3) preventing a threat to anyone's health

Health and Safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose health information about you if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public; provided that, if a disclosure is made, it must be to a person(s) reasonably able to prevent or lessen the threat and is permissible by law. We may share information with the department of health and safety if it wants to see that we are complying with federal privacy law.

YOUR CHOICES ON HOW WE USE YOUR INFORMATION:

Individuals involved in your care. You have a right and choice to tell us to provide information about you to a family member, friend, or other person involved in your health care or in payment for your health care. If you are deceased, we may disclose medical information about you to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with your written wishes you previously provided to us.

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Notification and Disaster Relief. It is your choice and right to tell us to use or disclose your health information to notify or assist in notifying your family, a personal representative, or another person responsible for your care, of your location, condition, or death.

Authorizations for Other Uses and Disclosures:

While we may use or disclose your health information without your written authorization as explained above, there are other instances where we will obtain your written authorization.

Examples of uses and disclosures that require your authorization are:

Psychotherapy Notes. We will never share psychotherapy notes unless you give us written permission, except:

if the creator of those notes needs to use or disclose them for treatment for use or disclosure in our own supervised training programs in mental health for use or disclosure in connection with our defense of a proceeding brought by you.

Marketing. We will never share your information for marketing purposes unless you give us written permission.

No Sale of Your Health Information. We will never sell your health information to a third party. Period. Our Promise.

Uses and Disclosures of Your Highly Confidential Information. Some federal and/or state laws require special privacy protections for certain highly confidential health information, relating to: (1) psychotherapy services; (2) mental health and developmental disabilities services; (3) substance use disorder diagnosis, treatment and referral; (4) HIV/AIDS testing, diagnosis or treatment; (5) venereal disease(s); (6) genetic testing; (7) child abuse and neglect; (8) domestic abuse of an adult with a disability; and/or (9) sexual assault. Unless a use or disclosure is permitted or required by law, we will obtain your written consent or authorization prior to using or disclosing your highly confidential health information to any third parties.

Your Health Information Rights:

You have the following rights regarding your health information. To exercise any of the rights below, please contact Support@itscomentalhealth.com to obtain the proper forms and reference your primary or associated organization.

You have the right to:

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Request a restriction on the uses and disclosures of your information for treatment, payment and health care operations or request a limit on the health information we disclose about you to someone involved in your care or the payment for your care. If you have paid for a service or health care item out-of-pocket in full, and you ask us not to share that information with your health insurer for purposes of payment or our operations (not treatment), we will agree with your request unless a law requires us to share information.

Obtain an electronic or paper copy of your treatment record or other health information we have about you. Contact records@itscomentalhealth.com to obtain your records.

You will be provided with your record within 30 days.

Request us to correct your health information. You may request that your health record be amended if you think it is incorrect or incomplete. We may deny your request. If we do, we will notify you within 60 days of your request.

Request confidential communications. You have the right to ask us to communicate health information to you using alternative means or at alternative locations. Such requests must be in writing. We will accommodate reasonable requests and will notify you if we are unable to agree to your request if it would affect your care.

Obtain an accounting (list) of disclosures of your health information. You may request a list of the times we have shared your information, including with whom we have shared it with and why.

If you have any questions or complaints about this notice or our privacy practices, please contact: Support@itscomentalhealth.com

This notice is effective on or after July 26, 2023

We will comply with all laws pertaining to client privacy.