

Notice of Privacy Policies

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: 12/1/2022

Enso Counseling & Wellness, LLC will only release information in accordance with state and federal laws and the ethics of the counseling profession, as necessary to carry out treatment, payment, and health care operations. This notice describes the agency's policies related to the use and disclosure of the client's healthcare information.

We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Enso Counseling & Wellness, LLC. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (HIPAA). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained upon request

Use and Disclosure of Protected Health Information for the Purpose of Providing Services

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes:

- Treatment - Healthcare information may be used and disclosed to:
 - Provide, manage, or coordinate care
 - Consultants
 - Referral sources
- Payment - Healthcare information may be used and disclosed to:
 - Verify insurance and coverage
 - Process claims and collect fees
- Healthcare Operations - Healthcare information may be used and disclosed to:
 - Review treatment procedures
 - Review business activities
 - Certification
 - Staff training
 - Competence and licensure activities
- Other Uses and/or Disclosures Without Your Consent:

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternative
- As required by law

Client Rights

The client has the right to request where and how we contact you.

The client has the right to request release of their medical records; written authorization must be completed to release records to others. The client has the right to revoke any such releases in writing. Revocation is not valid to the extent that the agency has acted in reliance on such previous authorization

The client has the right to inspect and copy their medical billing records. The counselor may deny this request if they feel it is not in the client's best interest. The counselor has the right to set charges for copying, mailing, etc.

The client has the right to add information or amend their medical records at any time through a written request. The counselor may deny the request if they feel it is not in the client's best interest. If denied, the client has the right to file a disagreement statement, which will be filled in the record.

The client has the right to an accounting of disclosures made by Enso Counseling & Wellness, LLC for a six year period beginning with the date of service. Exceptions include disclosure for treatment, payment or healthcare operations, disclosures pursuant to a signed release, disclosure made to client, and disclosures for national security or law enforcement

The client has the right to request restrictions on uses and disclosures of their healthcare information through written request.

The client has the right to complain. Please contact Enso Counseling & Wellness, LLC first. If not satisfied, the client has the right to complain to the U.S. Dept. of Health and Human Services, with no retaliation.

The client has the right to receive future changes in policy.

The undersigned affirms that they have been offered a copy of the privacy policy.

Patient Signature

Printed Name

Date

Guardian Signature

Printed Name

Date

Witness Signature

Printed Name

Date