

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.

Leland Counseling Services PLLC is committed to protecting the confidentiality of your medical information and is required by law to do so. The Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We ask for your consent to use and disclose your PHI, as outlined in our Notice of Privacy Practices, by asking you to sign the Consent for Treatment Form regarding your care. Generally, unless specifically allowed by state or federal regulations without authorization, we will seek a signed authorization from a consumer or personal representative before disclosing PHI to a third party.

Uses and Disclosures

Leland Counseling Services PLLC may use or disclose your protected health information as follows:

For Treatment: We will use and disclose your PHI to provide and coordinate your health care and any related services. We may also disclose your PHI to another health care provider working outside of Leland Counseling Services PLLC for purposes of your treatment.

For Payment: We may use and disclose PHI about you for the purpose of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company or a third-party payer, or its agent.

For Health Care Operations: We may use and disclose PHI about you in order to support quality improvement and other business activities of our organization. These uses and disclosures are necessary for our operations and ensure the quality of care received by our patients.

Other Uses and Disclosures Provided by Law without Authorization: We may use and disclose PHI about you for other purposes and to other individuals and entities without a signed authorization, as provided by state and federal law.

Uses and Disclosures with Your Permission:

Uses and disclosures of PHI will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time.

Your Rights Regarding Your Medical Information:

You have the following rights regarding your protected health information (PHI):

- Right to Inspect and Copy
- Right to Amend

- Right to a Paper Copy of Notice
- Right to Request Confidential Communications

- Right to Request Restrictions on Certain Uses and Disclosures
- Right to an Accounting of Certain Disclosures

Duties of Leland Counseling Services PLLC:

- We are required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI
- We are required to abide by the terms of this Notice of Privacy Practices as currently in effect
- We reserve the right to change the terms of this Notice of Privacy Practices and to make the new Notice of Privacy Practices effective for all PHI that we maintain, including PHI created or received prior to the issuance of the new Notice of Privacy Practices. We will provide an electronic notice to all individuals whose PHI we maintain if such change occurs
- You may complain to either us or the Secretary if you believe that your privacy rights have been violated. You may file a complaint with us by contacting our office at (216)-304-3957. You will not be retaliated against for filing a complaint with us, or the Secretary.
- For further information, please contact Justen Gross, MSW, LCSW at (216)-304-3957.