



Footsteps Counseling, LLC  
PO Box 1221  
Aberdeen, SD 57402

**POLICY ON FEDERAL REQUIREMENTS REGARDING CONFIDENTIALITY OF CLIENT RECORDS AND  
DISSEMINATION OF INFORMATION- NOTICE OF PRIVACY POLICY**

Given the nature of our work, it is imperative that we maintain the confidence of client information that we receive in the course of our work. Footsteps Counseling, LLC is a private mental health counseling practice that treats couples, families and individuals by providing marriage, family, couples, individual and group counseling. Along with psychoeducational groups, psychological testing and seminars. The practice works solely to provide the best counseling treatment options to its clients. Footsteps Counseling, LLC prohibits the release of any client information to anyone outside of immediate staff, employees, interns or volunteers except in limited circumstances. Discussions or disclosures of protected health information (PHI) within the organization is limited to the minimum necessary that is needed for the recipient of the information to perform their job. It is the policy of Footsteps Counseling, LLC to:

1. Fully comply with the requirements of the HIPAA General Administrative Requirements, the Privacy and Security Rules;
2. Provide every client who receives services with a copy of Footsteps Counseling, LLC Notice of Privacy Practices;
3. Ask the client to acknowledge receipt when given a copy of Footsteps Counseling, LLC Notice of Privacy Practices;
4. Ensure the confidentiality of all client records transmitted by facsimile;
5. Provide each client with the individual therapists' informed authorization for use or disclosure of Protected Health Information Forms.

Footsteps Counseling, LLC is required to follow all state statutes and regulations including Federal Regulation 42 C.F.R. Part 2 and Title 25, Article 4, Part 14, and Title 25, Article 1, Part 1, CRS and Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164, governing testing for and reporting of TB, HIV AIDS, Hepatitis, and other infectious diseases, maintaining the confidentiality of protected health information.

Protected Health Information (PHI) refers to any information that is created or received by Footsteps Counseling, LLC and relates to an individual's past, present or future physical or mental health or conditions and related care services of the past, present, or future payment for the provision of health care to an individual; and

1. That identifies the individual;
2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual; or

PHI includes any such information described above that Footsteps Counseling, LLC transmits or maintains in any form, this includes psychotherapy notes. HIPAA and federal law regulates that use and disclosure of PHI when transmitted electronically.

### **YOUR RIGHTS AS A CLIENT**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your mental health record**

- You can ask to see or get an electronic or paper copy of your mental health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your mental health record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- Please review the Consent for Communication of Protected Health Information by Non-Secure Transmissions.
- You are required to “opt-in” to receive communications electronically as set-forth in the Consent for Communication of Protected Health Information by Non-Secure Transmissions. If you choose not to “opt-in” to receive electronic communications, we will not communicate with you via electronic means.

#### **Ask us to limit what we use or share**

- You can ask us not use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.



- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, Calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.
- Please note that the Department of Regulatory Agencies may direct you to file your complaint with the U.S. Department of Health and Human Services Office for Civil Rights listed above.

### **Uses and Disclosures of Protected Health Information**

A use of PHI occurs within a covered entity (i.e., discussions among staff regarding treatment). A disclosure of PHI occurs when Footsteps Counseling, LLC reveals PHI to an outside part (i.e., Footsteps Counseling, LLC provides another treatment provider with PHI, or shares PHI with a third party pursuant to a client's valid written authorization).

1. Treatment (including the provision and coordination of care with other professionals, etc.)
2. Payment (to bill and receive payment from health plans or other entities, claims management, etc.)
3. Health Care Operations (general administrative activities of Footsteps Counseling, LLC, resolution of internal grievances, customer's service, etc.).

Uses and disclosures for payment and health care operations purposes are subject to minimum necessary requirement. This means Footsteps Counseling, LLC may only use or disclose the minimum amount of PHI necessary for the purpose of the use or disclosure (i.e. for billing

purposes, a therapist would not need to disclose a client's entire medical record in order to receive reimbursement. A therapist would likely only need to include a service code, etc.) Uses and disclosures for treatment purposes are not subject to the minimum necessary requirement.

Footsteps Counseling, LLC is required to promptly notify you of any breach that may occur that may have compromised the privacy or security of your information.

Footsteps Counseling, LLC confidentiality of client records and substance abuse client records maintained is protected by federal law and regulations. It is Footsteps Counseling, LLC policy that a client must complete an Authorization for Use and Disclosure of Protected Health Information Release of Information, provided by Footsteps Counseling, LLC, prior to disclosing health information for any purpose, except treatment, payment or health care operations.

Absent the above referenced form, other than for treatment, payment, or health care operations purposes, Footsteps Counseling, LLC staff is prohibited from disclosing or using any PHI outside of or within the organization, including disclosing that the client is in treatment, unless one of the following exceptions arises:

Footsteps Counseling, LLC is permitted and/or required to report or disclose PHI if and when any of the following occur with any Footsteps Counseling, LLC client:

1. Responding to lawsuit and legal actions (Disclosure by a court order, in response to a complaint filed against a counselor of Footsteps Counseling, LLC, etc.).
2. Disclosure is made to a medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluations.
3. Help with public health and safety issues (Client commits or threatens to commit a crime either at the program or against any person who works for the program; A minor child or elderly client reports having been abused; Client is planning to harm another person, including but not limited to the harm of a child; Client reports suicidal ideations or self-harm).
4. Address worker's compensation (with release of information), Law enforcement or other government request (by subpoena only).
5. In compliance with other state and/or federal laws and regulations.

The above exceptions are subject to several requirements under the Privacy Rule, including the minimum necessary requirement (Footsteps Counseling, LLC may only use and disclose the minimum amount of PHI necessary for the intended purpose of the use and/or disclosure). See 45 C.F.R 164.512. Before using or disclosing PHI for one of the above exceptions, Footsteps Counseling, LLC staff must consult Footsteps Counseling, LLC Privacy officer or Attorney to ensure compliance with the Privacy Rule. Violation of these federal and state guidelines is a crime carrying both criminal and monetary penalties. Suspected violations may be reported to appropriate authorities in accordance with federal and state regulations. Know that Footsteps Counseling, LLC will never market or sell your personal information.



### **Special Authorizations**

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

*Psychotherapy Notes:* Your primary therapist will obtain a special authorization before releasing your Psychotherapy Notes and test results. "Psychotherapy Notes" are notes your primary therapist has made about conversations during a private, group, joint, or family counseling session, which your primary therapist has kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

*HIV Information:* Special legal protections apply to HIV/AIDS related information. Your primary therapist will obtain a special written authorization from before releasing information related to HIV/AIDS.

*Alcohol and Drug Use Information:* Special legal protections apply to information related to alcohol and drug use treatment. Your primary therapist will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

You may revoke all such authorizations (of PHI, Psychotherapy Notes, HIV information, and/or Alcohol and Drug Use information) at any time, provided each revocation is in writing, signed by you and signed by a witness. You may not revoke an authorization to the extent that (1) I have relied on the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provided the insurer the right to contest the claim under the policy.

As a covered entity under the Privacy and Security Rules, Footsteps Counseling, LLC is required to reasonably safeguard PHI from impermissible uses and disclosures. Safeguards may include, but are not limited to the following:

1. Not leaving test results unattended where third parties without a need to know can view them.
2. Any PHI received as a Footsteps Counseling, LLC employee, intern, or volunteer about a client or potential Footsteps Counseling, LLC client, may not be used or disclosed for non-work purposes or with unauthorized individuals. Footsteps Counseling, LLC may only use and disclose such PHI as describe area.
3. Seeking legal counsel in uncertain situations and/or incidences.

### **Your Choices:**

**For certain health information, you can tell us your choice about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. We may request you sign a separate document if you authorize us to share certain PHI. You may revoke that authorization at any time for future disclosure.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.

- Share information in a disaster relief situation
- Share information with probation/parole officers, CPS.
- Include your information in review, publications, websites and etc.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may share your information when needed to lessen a serious and imminent threat to health and safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

#### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This notice is effective March 12, 2016.

Heidie Holmstrom

Heidie Holmstrom, MA, LPC, NCC, CEO

Footsteps Counseling, LLC

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

***My signature below affirms I have received and read Footsteps Counseling Policy on Federal Requirements Regarding Confidentiality of Client Records and Dissemination of Information – Notice of Privacy Policy which is HIPAA Compliant. My informed and voluntary consent to enter therapy/counseling (and/or have my child/children enter therapy/counseling), and that I have read and understand the nature of confidentiality in therapy/counseling as set forth above. I have had an opportunity to ask questions and have had my questions answered satisfactorily. I affirm that prior to becoming a client of Footsteps Counseling, I was given sufficient information to understand the nature of therapy/counseling, including the possible risks and benefits. I understand the HIPAA policies as stated above. I have had an opportunity to ask questions and have had my questions answered satisfactorily. I acknowledge that I have read the preceding information (pages 1 through 6). I understand that I have full access to this form online at Footsteps Counseling's website. I acknowledge that if I wish to have a copy of the signed document, I may request one at any time. Such requests shall be submitted in writing. I understand that I can ask questions and raise concerns about the treatment at any time. I also understand that I may terminate therapy/counseling at any time by providing written notice to Footsteps Counseling, LLC. Therapy/counseling shall be terminated upon receipt of my written notice.***

_____	_____	_____	_____
Client Signature (or Parent/guardian)	Date	Client Signature (or Parent/Guardian)	Date

Please indicate your relationship to the client if you are signing forms for a minor child/minor children in your care. My relationship to the child/children is: \_\_\_\_\_.

_____	_____
Therapist/counselor's Signature	Date

_____	_____
Supervisor's Signature - If applicable	Date

_____	_____
Administrative Signature- (Person Receiving Form if Applicable)	Date