

CCC Louisa Counselors and Staff



Cornerstone Christian Counseling Louisa

**332 River Bend Road
Louisa, KY 41230
Phone: 606.638.3322**

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HIPPA

The Health Insurance Privacy &
Portability Act of 1996

NOTICE OF PRIVACY PRACTICES

Adopted April 4, 2013



**“You have problems
We have answers.”**

*This document contains only a
summary of your rights. For a
copy of the complete Privacy
Rule, you may ask any staff
member. The latest copy of this
Notice is always available in the
waiting room with an indication of
the date of revision on the first
page.*

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HIPPA

HIPPA Overview

We may disclose protected health information about you to a friend or a family member who is involved in your care, though you may limit such disclosure in situations that are not emergencies.

We may disclose information to disaster relief or emergency medical authorities so that your family can be notified of your location and treatment.

Other uses of protected information

In any situation not covered by this notice, we will ask for your written authorization before using or disclosing information about you. If you chose to authorize such a use or disclosure, you can later revoke that

Continuing

Authorization by notifying us in writing of your decision.

Your rights regarding your information in most cases, you have the right to review or to a copy of information that we use to document and make decisions about your services. If you request copies, we may in certain cases charge a fee for the cost of copying, mailing or other associated expenses. If your request to review your records is denied, you may submit a written appeal to the Executive Director.

If you believe that information in your record is inaccurate, **you have the right to request a correction.** You may submit a request in writing which states your reason for the change. We must deny the request if the information was not created by us; if it is not part of the information maintained by us, or if the requested change is inaccurate.

If your request to amend your records is denied, you may submit a written appeal to the Director.

You have a right to a list of those instances where information about you has been disclosed, other than for treatment, payment or operational purposes. To exercise this right, submit a written request to your service provider. The request will cover a one-year period and will begin with authorized releases

In addition

April 4, 2013. The first disclosure will be at no charge. Additional disclosures in a one-year period will be provided at a reasonable administrative cost. You will be informed of the cost prior to the charge being applied.

You have a right to a paper copy of this notice in its most up-to-date form. You have the right to consent to certain types of disclosures which are optional, such as your choice about where, when and how to contact you and to limit such contacts. You have the right to be seen in a private setting and to limit conversations with others about your care.

You have the right to restrict certain uses of your information.

If you wish to do so you will be given an opportunity to identify what information you wish to limit and to whom the limits apply. CCC will not require you to authorize the release of information to any third party.