Evolve and Elevate

COUNSELING AND CONSULTING

NOTICE OF PRIVACY PRACTICES

Effective 11/15/2020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE READ IT CAREFULLY.

Evolve and Elevate, LLC, Torrey Thille, LCSW, provides health care services. To provide this service we collect protected health information about you. By law, I must keep your protected health information private, give you a Notice of Privacy Practices, and follow its terms. This notice tells you how we may use and share your protected health information, although not all situations will be described. This notice also tells you about your rights and how to use them.

I have the right to change this notice and apply the changes to health information we already have or may receive about you. I will notify you in writing if I change this notice.

How I Use or Share Your Health Information

The following are ways I may use or share your protected health information:

• **For Treatment**. I may use or share health information with others for your medical care. For example, information may be shared to create and carry out a plan for your treatment.
• **For Payment.** I may use or share health information to get paid or to pay for the services we give you. For example, I may share information if I bill your health plan.
• A**ppointments and Other Health Information**. I may send you reminders for health care appointments or information about health services.
• **For Public Health Activities**. I may report health information to public health agencies if I believe there is a serious health or safety threat to others.
• **As Required by Law**. A court or an administrative agency may, by law, order me to release your health information.
• **For Law Enforcement for Abuse Reports and to Avoid Harm**. By law, I must report child abuse and elder abuse. I may also share health information with law enforcement to avoid a clear and immediate danger to the health and safety of a person or the public.

If I use or share your health information for any reason other than the above, I will first get your written permission. You may cancel your permission at any time; however, I cannot take back information I have already shared with your permission.

Your Rights About Your Protected Health Information

You have certain rights about your protected health information. These include:

• You have the right to see and get copies of your health information records that we keep. To use this right you must ask me in writing and send your request to me. I will respond to your request for treatment records no later than 7 days after I receive your request. For all other records I will try to answer your request within 30 days of receiving it. I may charge you a fee for the cost of copying and mailing the records to you. If you cannot afford the fee you still have a right to see and copy your records. I may not allow you to see or copy records in some situations. If I make that decision I will tell you why in writing and explain your right to have our decision reviewed.

• You have the right to ask me to amend or change protected health information about you in my records. To use this right you must ask me in writing and tell me why you want to change your information. I will respond to you in writing within 14 days of receiving your request. If I agree to your request I will change your information and I will tell you that in writing. If I do not agree to change your information I will tell you why in writing and explain how you can tell me in writing that you disagree with the decision.

• You have the right to receive an accounting or a record of whom I have shared your protected health information with. To use this right you must ask me in writing. I will try to answer you within 60 days of receiving your request. Our record may not include times when I shared information with you or others for treatment, payment, and most health care operations, or information given with your permission.

• You have the right to ask me to restrict or limit how I use or share your health information for treatment, payment, or health care operations. For example, sometimes a person involved in your care will be present when I discuss your private health information with you. If you do not want me to discuss your information while that person is in the room, you can tell me that. You may use this right by either telling me or writing to me with your request. You can cancel your request at any time, either by telling me or writing to me.

• You have the right to tell me how I may contact you when I send you information. For example, you may ask me to send information to your work address instead of your home address, or to your email address instead of by mail. To use this right you must ask me in writing.

You have the right to get a paper copy of this notice, at any time, by asking me for one.