

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED WHEN YOU RECEIVE COUNSELING SERVICE FROM GME COUNSELING AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: 01/31/2020

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

GME Counseling respects the confidentiality of your health information and recognizes that information about your health is personal. We are required by law to protect your health information and to inform you of our legal duties and your rights regarding such information. This Notice explains how, when, and why we typically use and disclose your health information and your privacy rights regarding such information. We refer to our uses and disclosures of health information as our "Privacy Practices." Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of that health care. It includes, among other things, your medical history and information from providers about health services you receive.

We are obligated to abide by these Privacy Practices as of the effective dates listed above.

HEALTH CARE PROVIDERS INCLUDED IN THIS NOTICE

This Notice describes the Privacy Practices of GME Counseling and that of our employees. This Notice applies to all of your protected health information generated or held by us. The Notice, however, does not address the privacy practices that your other doctors or health care providers not employed by us may use in their offices.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We use and disclose your protected health information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your health information without your authorization, including for treatment, health care operations, and certain other situations. Specifically, we may use and disclose your protected health information as follows:

For Treatment and Health Care Operations

For Your Treatment: We may use and/or disclose your protected health information to provide, coordinate, or manage your health care and other services related to your health care. For example, we may consult with other providers within GME Counseling.

For Our Health Care Operations: We perform many activities to help assess and improve the services that we provide. Such activities include, among others, performing quality reviews; conducting patient opinion surveys; business management; insurance or legal compliance reviews; or participating in accreditation surveys. These activities are referred to as "health care operations." We may use and/or disclose health information for purposes of any of these health care operations. For example, we may use health information to assess the scope of our services. In doing so, we may disclose health information to other health or business professionals for review, consultation, comparison, and planning. Additionally, we may disclose health information to auditors, accountants, attorneys,

government regulators, or other consultants to assess and/or ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.

Special Circumstances When We May Disclose Your Health Information Related to Health Care

Operations: When we disclose your health information to third-parties to perform health care operation services or our behalf, we will also obtain certain assurances from the recipient of such health information that it will safeguard the information and only use and disclose it for limited purposes.

For Other Permitted or Required by Law Activities

We may use and/or disclose your protected health information for purposes other than treatment or health care operations without first obtaining your written authorization in the following instances:

To Avoid Harm to a Person or Public Safety: To prevent or lessen a serious threat of harm to the public, the health or safety of another person, or for purposes of protecting your health and safety. Examples of such disclosures include those related to sexual or physical abuse of an elder, child, or an individual unable to care for themselves.

For Health Oversight Activities: We may disclose your health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care system. For example, state accrediting agencies may review health information during inspections.

For Judicial and Administrative Proceedings: We may disclose your health information in response to a subpoena or order of a court or administrative tribunal.

Uses and Disclosures That Require Your Prior Written Authorization

We will not disclose counseling psychotherapy notes without your written authorization unless the use and disclosure is otherwise permitted or required by law.

We will not use or disclose your protected health information for marketing purposes without your written authorization. Marketing is defined as receipt of payment from a third party for communicating with you about a product or service marketed by the third party.

For situations not generally described in this Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your information. However, information previously authorized to be disclosed will not be requested to be returned nor will your revocation affect any action that we have already taken.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

This portion of our Notice describes your individual privacy rights regarding your health information. To exercise any of these rights, please send a written request to the Contact Person listed at the end of this Notice.

Notification regarding a Breach of your Health Information. In the event that your health information created or maintained by GME Counseling is compromised, we will notify you in accordance with the standards of practice within 60 days.

Requesting Restrictions of Certain Uses and Disclosures of Health Information. You may request, in writing, a restriction on how we use or disclose your protected health information for your treatment, for payment of your health care services, or for our health care operations activities. You may also request a restriction on the health information we may disclose to someone who is involved in your care, such as a family member or friend.

We are not required to agree to your request in all circumstances. Additionally, any restriction that we may approve will not affect any use or disclosure that we are legally required or permitted to make under the law. We must agree to your request to restrict disclosure of your health information to your health plan if the disclosure is not required by law and the health information you want restricted pertains solely to a health care item or service for which you (or someone other than your health plan, on your behalf) have paid us for in full at the time of the service.

Requesting Confidential Communications. You have the right to ask us to contact you in a specific way (for example, home or work phone) or to send mail to a different address. We will agree to reasonable requests for your communication preferences.

Inspecting and Obtaining Copies of Your Health Information. You may make a written request to look at and obtain a copy of your health information. We may charge a fee for copying or preparing a summary of requested health information. We will respond to your request for health information within 30 days of receiving your request either by providing the information requested, denying the request with a written explanation for the denial, or advising you we need additional time to complete our action per your request (for instance, if your health information is not readily accessible or the information is maintained in an off-site storage location.)

Requesting a Change to Your Health Information. You may request, in writing, a change or addition to your health information. The law limits your ability to change or add to your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the health information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information at your request.

Requesting an Accounting of Disclosures of Your Health Information. You may ask, in writing, for an accounting of certain types of disclosures of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

Obtaining a Notice of Our Privacy Practices. We provide you with our Notice to explain and inform you of our privacy practices. If you have received this Notice electronically, you may request and obtain a paper copy at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice concerning our privacy practices affecting all the health information that we now maintain, as well as information that we may receive in the future. We will provide you with the revised Notice by making it available to you upon request and by posting it on our website.

COMPLAINTS

We welcome an opportunity to address any concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may file a complaint with the Contact Person listed below. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a Complaint.

Contact Persons:

GME Counseling

Raquel Cabral, Ph.D., Staff Psychologist

Address: 660 S. Euclid Ave

Campus Box 8033

St. Louis, MO 63130

Phone Number: 314-273-8631

Washington University Privacy Officer

Address: 660 S. Euclid Avenue

Campus Box 8098

St. Louis, MO 63110

Telephone Number: 1-314-747-4975 or 1-866-747-4975

Fax Number: 1-314-362-1199