



NOTICE OF PRIVACY PRACTICES

YARA COUNSELING GROUP, LLC.

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

1. MY PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your "Individual Identifiable Health Information" (IIH) is important to me. I understand that you (IIH) are personal and I am committed to protecting it. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways I may use and share (IIH) about you. I also describe your rights and certain duties I have regarding the use and disclosure of your (IIH)

2. MY LEGAL DUTY

The Law requires me to:

1. Keep your medical information private
2. Give you this notice describing my legal duties, practices and your rights regarding your medication information
3. Follow the terms of the notice that is now in effect.

I have a right to:

1. Change my privacy practices and the terms of this notice at any time, provided that the changes are permitted by the law.
2. Make the changes in my privacy practices and the new terms of my notice effective for all medical information that I keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before I make an important change in our practices, I will change this notice and make the new notice available.

USE AND DISCLOSURE OF MEDICAL INFORMATION

The following section describes different ways that I use and disclose medical information. Not every use or disclosure will be listed. However, I have all the different ways I am permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to me.

FOR TREATMENT: I may use medical information about you to provide you with medical treatment services. I may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. I may also share medical information about you to your other health care providers to assist them in treating you.

FOR PAYMENT: I may use and disclose your medical information for payment purpose.

FOR HEALTH CARE OPERATIONS: I may use and disclose your medical information for my health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs and getting the accreditation, certification, licenses and credentials I need to serve you.

(OVER)

This notice takes effect on January 1, 2010 and remains in effect until it is replaced.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment and health care operational, I may use and disclose medical information for the following purposes.

Specialized Government Functions: Subject to certain requirements, I may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Ordered and Judicial and Administrative Proceedings: I may disclose medical information in response to a court or administrative orders.

Public Health Activities: As required by law, I may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability including child abuse or neglect. I may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for the purpose of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products or to conduct activities required by the Food and Drug Administration.

Victims of Abuse, Neglect, or Domestic Violence: I may disclose medical information to appropriate authorities if I reasonably believe that you or another person is a possible victim of abuse, neglect, or the possible victim of other crimes. This applies to children under the age of 18, the mentally retarded, developmentally disabled or elders. I may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. I may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody. For domestic violence, must record information in my clinical note.

Workers Compensation: I may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities: I may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: Under certain circumstances, I may disclose health information to law enforcement officials. These circumstances include reporting required by certain law pursuant or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on my premises and crimes in emergencies.

YOUR INDIVIDUAL RIGHTS

1. You may look at or get copies of your medical records. You must make your request in writing. I will have (30) days to respond to your request. I will charge would I am allowed under Ohio law for these requests.
2. Receive a list of times that I or business associates shared your information for the purposes other than treatment, payment, and health care operations.
3. Request that we place additional restrictions on my use or disclosure of your medical information.