

**NOTICE OF AND CONSENT TO HIPAA PRIVACY PRACTICES (“HIPAA Privacy Practices”)
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SECTION 1 - HIPAA PRIVACY PRACTICES AND CONFIDENTIALITY

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private to the best of our ability.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the most current version of this notice.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations.

III. CONFIDENTIALITY

Sale of PHI: As a healthcare provider, we will not sell your PHI in the regular course of our business.

1. Any use or disclosure of a client's PHI or session notes will be held confidential unless the client authorizes in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client-held privilege of confidentiality exist and are itemized below. Authorization is not required if the use or disclosure is:
 - a. For our use in treating you.
 - b. For our use in training or supervising our staff to help them improve their skills.
 - c. For our use in defending ourselves in legal proceedings, formal complaints, or other instances initiated by you, where you have already implied/indicated that you have received services with us.
 - d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the relevant requirements of such law.
 - f. For a client who is being treated by order of a court of law, or if care is obtained for the purpose of rendering an expert's report to an attorney.
 - g. Required by a coroner or medical examiner who is performing duties authorized by law.
 - h. For public health activities including reporting suspected child, elder, or dependent adult abuse or neglect; preventing or reducing a threat to anyone's health or safety, including threatened or attempted suicide or conduct in which there is a perceived risk of incurring serious bodily harm, as we are Mandated Reporters.
 - i. For health oversight activities, including audits and investigations.
 - j. For judicial and administrative proceedings, including responding to a court or administrative order, subpoena, discovery request, or other lawful processes although our preference is to obtain authorization from you before doing so.
 - k. For law enforcement or security purposes, including reporting potential threats or crimes occurring on our premises.
 - l. For research purposes, including studying and comparing the clients who received one form of care versus those who received another form of care for the same presenting issue.
 - m. For workers' compensation purposes. Although our preference is to obtain authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
 - n. Appointment reminders and health-related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with our team. We may also use and disclose your PHI to tell you about alternative types of care or services that we offer and/or believe may benefit you. (See the "ELECTRONIC COMMUNICATION" section below for more information.)

3. CONFIDENTIAL CONSULTATIONS

Occasionally our team may need to consult with other professionals or ministry leaders in their areas of expertise in order to provide the best care for you. Information about you may be shared in this context without using your name.

4. OUTSIDE THE OFFICE

If our staff accidentally sees you outside of the office, our team will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge us first, we will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the Transformation Center and its associated software, Telehealth, to maintain the professional nature of the relationship.

5. SOCIAL MEDIA AND DUAL RELATIONSHIPS

Due to the importance of your confidentiality and the importance of minimizing dual relationships, our Transformation Center team members do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our staff members' privacy. It may also blur the boundaries of the ministerial relationship. If you have questions about this, please bring them up when you meet with a Transformation Center team member to discuss it further.

6. PROTECTED HEALTH INFORMATION ("PHI")

In order to keep accurate client records and be prepared for emergencies that may arise, we do require your full (first and last) legal name as well as your date of birth and current home address. We will make sure that protected health information PHI that identifies you is kept private to the best of our ability. You may opt out of service with us at any point though we will keep your information on file in adherence with the California practices for therapists.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or another person that you indicate is involved in your care or the payment for your healthcare unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.
2. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, by home or office phone) or to send mail or email to a different address, and we will agree to all reasonable requests.
3. The Right to See and Get Copies of Your PHI. You have the right to get an electronic or paper copy of your record. We will provide you with a copy of your record, or a summary of it, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.
4. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or healthcare operations, or for which you provided us with authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. We will provide the list to you at no charge,

but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

5. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
6. The Right to Get a Paper or Electronic Copy of these Notices. You have the right to get a paper and/or email copy of your disclosure documents. If a paper copy is requested, we will make the documents available for pickup at our office and will notify you when the printouts are ready or will mail them for a reasonable fee.

————SECTION 2 - ELECTRONIC COMMUNICATION————

We provide helpful administrative information (such as links to documents, links to video sessions, appointment reminders, etc.) and fulfill client/legal requests by regular (unencrypted) text messaging, voicemails, faxes, and/or emails. Client email addresses (collected from submitted applications) are safely stored in Simple Practice as well as Keap (our digital marketing platform).

There is some level of risk that information in a regular text message, fax, voicemail, or email could be read/heard by someone besides you. We cannot ensure the confidentiality of any form of communication through electronic communication and encourage you to utilize the Secure Message feature in Simple Practice if possible. When you contact us, you can also increase the security of your correspondence by utilizing the Secure Messaging feature in your Client Portal. (Notifications of your new Secure Message(s) will be emailed to you.)

We use a fax machine to fulfill any requests authorized by you or required by law when the recipient’s only option for filling the request is by fax or mail. Examples of recipients are included throughout this document and may include a doctor, therapist, etc.

We use Keap to: 1) send you follow-ups in an effort to keep you connected with a minister and progressing in your healing journey 2) provide a platform for you to share your experience so that we can improve and/or celebrate in what God is doing through your sessions and 3) email you newsletters with Transformation Center updates, resources, and course information that we feel will benefit you on your journey to spiritual, mental, and emotional health.

To opt out of receiving our Transformation Center newsletter emails, press the large orange “Unsubscribe” button above our contact information provided in our automated emails.

We encourage you to turn ON all Simple Practice notifications (email and text/phone) through Simple Practice. This is how you’ll receive reminders about upcoming appointments as well as the video links for each session.

If you would like to opt out of automated text, voice, or email reminders or to remove your phone number, please request a new Demographic Form to update notification your settings. Note: If no phone number is provided, we will email you with any necessary information (time sensitive or otherwise).

Please note that while the Transformation Center will try to return messages in a timely manner, we cannot guarantee an immediate response. Furthermore, we request that you limit alternate

methods of communication outside of the Simple Practice Client Portal Secure Messages for discussing session/account content. The Transformation Center is not an emergency facility. Therefore, you should not use the Simple Practice Client Portal or other means to request assistance from the Transformation Center for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail are considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your minister chose to use information technology for some or all of your care, you need to understand that:

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. However, if you withdraw consent to Telehealth services, the remaining option will be to physically meet with a minister at the Transformation Center and not all of our ministers are available to meet in person.
2. All existing confidentiality protections are equally applicable (for in-person and video sessions).
3. Your access to information (session notes) transmitted during a telemedicine consultation is guaranteed, and copies of this information are available digitally or can be printed/mailed for a reasonable fee, upon request.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

EMAIL ADDRESS REQUIRED

Our software, Simple Practice requires an email address to create and maintain your unique client profile and to allow you login access. Additionally, we will utilize your email address to contact you with helpful and necessary information about your account and upcoming appointments. Therefore, an email address is required on your account in order to utilize our services. You may opt out of service with us at any point though we will keep your information on file in adherence with the California practices for therapists.

I have read and understand the information above and consent and request to receive correspondence via email and phone if I have provided that information to the Transformation Center.

I further understand that I can request a Demographics Form to change my automated notification settings or remove automated notifications at any time.

NOTE: This document is subject to change and will be superseded by the most current version. See tcbethel.com/portal at any time to confirm if there is an updated version of this document.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below you are acknowledging that you have received this copy of our HIPAA Notice of Privacy Practices (the information in Section 1, above).

By signing this document you are also acknowledging that you agree to our communication practices and understand the potential risks associated with digital communication (Section 2, above).

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.