



MONARCH

COUNSELING & INTEGRATIVE CARE

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health records contain personal information about you and your health. This information about you, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This may also include Electronic Protected Health Information (“e-PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI/e-PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations enacted under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI/e-PHI.

We are required by law to maintain the privacy of PHI/e-PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI/e-PHI. We are required to abide by the terms of this Notice of Privacy Practices with respect to PHI/e-PHI. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI/e-PHI that we maintain at this time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

For Treatment: Your PHI/e-PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care, treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI/e-PHI to other consultants within our practice.

For Payment: We may use and disclose your PHI/e-PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI/e-PHI necessary for purposes of collection.

For Health Care Operations: We may use or disclose, as needed, your PHI/e-PHI in order to support our business activities; including, but not limited to, quality assessment activities, employee review activities, peer review, licensing and conducting or arranging for other business activities. For example, we may share your PHI/e-PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI/e-PHI. For training or teaching purposes PHI/e-PHI will be disclosed only with your authorization.

Required by Law: Under the law, we must disclose your PHI/e-PHI to you upon your request. **This does not guarantee access to your psychotherapy notes.** In addition, we must disclose PHI/e-PHI to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the HIPAA Privacy and Security Rules.

Without Authorization: Following is a list of the categories or uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorizations only in a limited number of situations. As mental health professionals licensed in this State, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with HIPAA.

Abuse or Neglect: We may disclose your PHI/e-PHI to a State of local agency that is authorized by law to receive reports of child abuse or neglect. Per State of Nebraska regulations, we are mandatory reporters of suspected abuse and/or neglect involving children, elders and/or other vulnerable individuals.

Judicial and Administrative Proceedings: We may disclose your PHI/e-PHI pursuant to a subpoena (with your written consent), a Court Order, Administrative Order or similar process.

Deceased Patients: We may disclose PHI/e-PHI regarding deceased patients as mandated by State Law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A Release of Information regarding deceased patients may be limited to an Executor or Administrator of a deceased person's estate or the person identified as "next-of-kin". PHI/e-PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies: We may use or disclose your PHI/e-PHI in a medical emergency medical situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care: We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight: If required, we may disclose PHI/e-PHI to a health oversight for activities authorized by law; such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Substance Use Disorder (SUD) Records Protection: Substance Use Disorder records are maintained in compliance with Federal regulations as identified in 42 U.S.C. 290dd-2, and as further protected under 42 CFR - Part 2 and State of Nebraska standards as identified in 45 CFR 164.520. These regulations provide extra confidentiality protections and require a separate patient consent for the use and disclosure of SUD notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as: medical emergencies to the extent necessary to treat you, reporting of crimes on the premises, child abuse/neglect reporting in connection with incidents of suspected child abuse or neglect to appropriate state or local authorities and fundraising in which we will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications. You may revoke this consent at any time as provided by 45 CFR 164.508(b). SUD records received from programs subject to Part 2, or testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative or legislative proceedings against you unless based on your written consent, or a Court Order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A Court Order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice.

Law Enforcement: We may disclose PHI/e-PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), a Court Order, Administrative Order, or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions: We may review requests from US military command authorities if you have served as a member of the Armed Forces, authorized officials for National Security and Intelligence.

Questions or Concerns: Please contact Monarch Counseling in person at 620 North 48th Street - Suite 202; Lincoln, NE 68504. By phone at: 402-489-6196. By FAX at: 402-904-4896. Via e-mail at: info@monarch-counseling.com.

Last Updated: 3/26/2026