

# Brulé Counseling, LLC

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## Notice of Privacy Practices (HIPAA)

### Your privacy

This document describes how Brulé Counseling may use or disclose your Protected Health Information, and how you can access this information. We protect the privacy of your health information as part of our professional care, and are required by law to keep your information confidential. Below is an abbreviated version of the full, legally required Notice of Privacy Practices, which is posted in our office. If you have any questions or concerns about these policies, we are happy to discuss them with you further.

### Disclosing Protected Health Information *with* consent

Brulé Counseling uses the personal information we collect to provide ongoing **treatment**, arrange **payment** for services, and conduct activities legally defined as **health care operations**. We are legally required to obtain your **written consent** to use and disclose your information for these purposes. If you do not provide written consent, we cannot provide services. If we believe it would be beneficial to use, share, or release your information for *any other purpose*, we will discuss this with you, and request an additional **signed authorization** to allow this.

### Disclosing Protected Health Information *without* your consent

There are some situations in which the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. I will only share information with persons who are able to help prevent or reduce the threat.
2. When required by a subpoena, lawsuit, or other legal or court proceedings to provide information.
3. If a law enforcement official requires me to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of the notice of privacy practices.

### Your rights regarding your health information

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You can ask me to limit what I tell people involved in your care or payment for your care, such as family members and friends.
3. You have the right to view your health information, such as medical and billing records. You can get a copy of these records, but I may charge you for it. Contact me to arrange how to see your records.
4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me. You must also tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this notice, I will post the new version in the waiting area, and you can always get a copy of it from me.
6. You have a right to restrict disclosures when pay for your care out-of-pocket.
7. You have a right to be notified if there is a breach of unsecured PHI.

### Complaints

You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave., SW, Washington, DC 20201 or by calling (202)-619-0257. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or these health information privacy policies please contact me by phone or email for clarification.