



NOTICE OF PRIVACY PRACTICES

Effective Date: January 25, 2026

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.

I. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this agency 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 Generation Hope Family Counseling & Consulting, LLC.

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information.

- 1. For Treatment** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to therapists, doctors, or other agency personnel who are involved in your care. For example, your therapist may discuss your case with a clinical supervisor to ensure you are receiving the best care.
- 2. For Payment** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party (including Nebraska Medicaid).
- 3. For Health Care Operations** We may use and disclose medical information about you for agency operations (e.g., quality review, staff training, licensing, and clinical supervision).
- 4. Business Associates** We may share your information with third-party "Business Associates" that perform various activities (e.g., billing, electronic health record hosting). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your information.

III. SPECIAL PROTECTIONS: REPRODUCTIVE HEALTH, SUD & HIV

1. Reproductive Health Care Privacy New Federal Protection: We are prohibited from using or disclosing your protected health information for the purpose of conducting a criminal, civil, or administrative investigation into, or imposing liability for, the act of seeking, obtaining, providing, or facilitating lawful reproductive health care. We will verify that any request for information related to reproductive health is not for these prohibited purposes before releasing any records.

2. Substance Use Disorder (SUD) Records (42 CFR Part 2) Information related to the treatment of Substance Use Disorders (SUD) is protected by stricter federal regulations (42 CFR Part 2) than standard health information.

- **Prohibition on Use in Legal Proceedings:** Records identifying you as having or having had a substance use disorder **cannot** be used to investigate or prosecute you in any criminal, civil, administrative, or legislative proceeding without your specific written consent or a special court order that meets Part 2 requirements.

Generation Hope Family Counseling and Consulting, LLC

11071 W Maple Rd, Omaha, NE, 68164

Phone: 402-740-6184 Fax: 402-932-8885

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- **Fundraising:** We will not use or disclose your Substance Use Disorder records for fundraising purposes.

3. HIV/AIDS Information Under Nebraska law, information regarding HIV/AIDS test results and treatment is considered highly confidential. We will not release this specific information without your explicit written authorization, except as required by law for public health reporting.

IV. SITUATIONS WHERE WE MAY RELEASE INFO WITHOUT YOUR CONSENT

State and Federal laws allow or require us to share your information in specific situations:

- **Mandatory Reporting:** We are required by Nebraska law to report suspicion of child abuse or neglect (Neb. Rev. Stat. § 28-711) or abuse, neglect, or exploitation of a vulnerable adult (Neb. Rev. Stat. § 28-372) to the proper authorities.
- **Serious Threat to Health or Safety (Duty to Warn):** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Public Health Risks:** For activities such as preventing or controlling disease or reporting adverse reactions to medications.
- **Health Oversight Activities:** For audits, investigations, inspections, and licensure necessary for the government to monitor the health care system.
- **Law Enforcement:** In response to a court order, subpoena, warrant, or summons.
- *Note: We will not release records to law enforcement for the purpose of investigating lawful reproductive health care or substance use disorders unless specific, strict legal criteria are met.*
- **Coroners & Medical Examiners:** To identify a deceased person or determine the cause of death.
- **Worker's Compensation:** To comply with laws regarding worker's compensation or similar programs.

V. USES REQUIRING YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization:

1. **Psychotherapy Notes:** Notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session, which are separated from the rest of your medical record.
2. **Marketing:** Uses and disclosures of your health information for marketing purposes.
3. **Sale of Information:** Disclosures that constitute a sale of your protected health information.
4. **Other Uses:** Any other uses and disclosures not described in this Notice.

You may revoke an authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization.

VI. YOUR RIGHTS REGARDING MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. To do so, you must submit your request in writing.

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- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the agency.
- **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures we made of medical information about you, other than for treatment, payment, or healthcare operations.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. *We are not required to agree to your request unless you are paying out-of-pocket in full and asking us not to share info with your insurance company.*
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only at work or by mail).
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time.
- **Right to Breach Notification:** You have the right to be notified if there is a breach of your unsecured protected health information.

VII. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The current notice will be posted in our office and on our website.

VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

To File a Complaint with the Agency:

Privacy Official: Heather Duhachek-Chase,

Generation Hope Family Counseling & Consulting, LLC, 11071 W Maple Rd, Omaha, NE, 68164

Phone: (402) 932-8884

To File a Complaint with the U.S. Dept of HHS: Address:

Office for Civil Rights, U.S. Dept. of Health & Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

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