

## **NOTICE OF PRIVACY RIGHTS**

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, I will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

### **1. USES AND DISCLOSURES OF PROTECTED INFORMATION**

A. General uses and Disclosures Not Requiring the Client's Consent. Protected health information can be used and disclosed in the following ways:

1. *Treatment.* Treatment refers to the provision, coordination, or management of health care (including mental health care) and related services by one or more health care providers.
2. *Payment.* Payment refers to the activities undertaken by a health care provider (including a mental health care provider) to obtain or provide reimbursement for the provision of health care. For example, your information will be used to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payors may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.
3. *Contacting the client.* I may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
4. *Required by law.* I will disclose protected health information when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is legal duty to warn or take action regarding imminent danger to others; (d) when the client is a danger to self or others or gravely disabled; (e) when required to report certain communicable diseases and certain injuries; (f) when a Coroner is investigating the client's death.
5. *Crimes on the premises or observed by personnel.* Crimes that are observed by staff, that are directed toward staff, or occur on the premises will be reported to law enforcement.
6. *Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers, and others, as necessary to provide the care and management coordination needed.
7. *Emergencies.* In life threatening emergencies, information that is necessary to avoid serious harm or death will be disclosed.

B. Client Authorization or Release of Information. I may not use or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent that I have already taken action in reliance thereon.

### **2. YOUR RIGHTS AS A CLIENT**

A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information I have regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies.

B. Amendment of Your Record. You have the right to request that I amend your protected health information. I am not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at your request, if relevant, along with the appeal process available to you.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures I have made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you at your request.

D. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your health information. I do not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time or your request.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of protected health information from me by alternative means or at alternative locations. For example, if you do not want me to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process.

F. Copy of this Notice. You have the right to obtain another copy of this Notice upon request.

### 3. **ADDITIONAL INFORMATION**

A. Privacy of Laws. I am required by State and Federal law to maintain the privacy of protected health information. In addition, I am required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice. I am required to abide by the terms of this Notice, or any amended Notice that may follow. I reserve the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised I will provide you with a copy.

C. Complaints Regarding Privacy Rights. If you believe I have violated your privacy rights, you have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201. There will be no retaliation for your filing of such complaints.

D. Effective Date. This Notice is effective April 14, 2003.

E. Confidentiality of Alcohol and Drug Abuse Patient Records.

The Confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, I may not say to a person that a patient receives services from me, or disclose any information identifying a patient as an alcohol or drug abuser unless:

(1) The patient consents in writing;

(2) The disclosure is allowed by a court order; or

(3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the office or against any person who works for the office or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)