



Shaping your mental health today,
For a stronger tomorrow

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 Notice of Privacy Practices describes how your provider may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your provider is required to maintain the privacy of PHI and to provide you with notice of his or her legal duties and privacy practices with respect to PHI. Your provider is required to abide by the terms of this Notice of Privacy Practices. Your provider reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new notice of privacy practices will be effective for all PHI that your provider maintains at that time. Your provider will provide you with a copy of the revised notice of privacy practices by sending a copy to you in the mail upon request or by providing one to you at your next appointment.

How your provider may use and disclose health information about you:

For Treatment: your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Your provider may disclose PHI to any other consultant only with your authorization.

For Payment: Your provider may use and disclose PHI so that he or she can receive payment for the treatment services provided to you. 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, only the minimum amount of PHI necessary for the purpose of collection will be disclosed.

For Health Care Operations: Your provider may use or disclose, as needed, your PHI importance to support his or her business activities including, but not limited to, quality assessment activities, licensing and conducting or arrange other business activities. For example, your PHI may be shared with third parties that perform various business activities provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. Your PHI may be used to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

Required by Law: Under the law, your provider must make disclosure of your PHI to you upon your request. In addition, disclosures may be made to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.

Without Authorization: Applicable law and ethical standards permit your provider to disclose information about you without your authorization only in a limited number of other situations. The type of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as mandatory reporting of child abuse or neglect or elderly abuse, or mandatory government agency audits or investigations.
- Required by the court order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: Your provider may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Your rights regarding your PHI

You have the following rights regarding PHI that are maintained about you. Exercise any of these rights, pre submit requests in writing to your provider.

Rights of Access to Inspect and Copy: In most cases, you have the right to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access will cause serious harm to you. Your provider may charge a reasonable, cost-based fee for copies.

Right to Amend: If you feel that the PHI your provider has about you is incorrect or incomplete, you may ask for it to be amended, although your provider is not required to agree to the amendment.

Right to an Accounting of Office Disclosures: You have the right to request and account for certain disclosures that your provider makes of your PHI. Your provider may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restriction: You have the right to request a restriction or limitation on the use or the disclosure of your PHI for treatment, payment, or healthcare operations. Your provider is not required to agree to your request.

Right to Request Confidential Communication: You have the right to request that your provider communicate with you about medical matters in a certain way or at a certain location.

Right to a Copy of This Notice: Ask your paper copy of this notice at any time.

Complaints: If you believe your privacy rights have been violated, you may submit a complaint with the Federal Government. Filing a complaint will not affect your right to future treatment. To file a complaint with the Federal Government, contact:

Office for Civil Rights

U.S Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, DC 20201

Toll-Free Phone Number: 1-877-696-6775

Website: <http://www.hhs.gov/ocr/privacy/hippa/complaints/index.html>

Email: OCRComplaints@hhs.gov

