

## **Notice of Policies and Practices to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- I. **Uses and disclosures for treatment, payment and health care operations.** We may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes with your consent. PHI refers to information in your health record that could identify you.

To help clarify these terms, here are some definitions:

- *“Treatment, payment and health care operations”*

- *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family doctor, another mental health professional or another agency assisting with your care.
- *Payment* is when we collect fees for your health care. Examples of payment are when we share your PHI with your health insurer or other third party so that we can collect fees for your health care or to determine if your plan will cover treatment.
- *Health care operations* are activities that relate to running our agency and making sure our clients receive the best care possible. Examples of health care operations are program and service review and improvement activities, business matters such as audits and general administration, managing software and databases, and case management and care coordination.

- *“Use”* applies only to activities within our agency such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

- *“Disclosure”* applies to activities outside our agency such as releasing, transferring or providing access to information about you to other parties.

- II. **Uses and disclosures requiring authorization.** We may use or share PHI for purposes outside of treatment, payment or health care operations when you give us authorization to do so. An *“authorization”* is written permission above and beyond the general consent that allows only certain disclosures. We will get permission from you before sharing any information, including your *“psychotherapy notes.”* *“Psychotherapy notes”* are notes your therapist has made about your conversations during a private, group, joint or family counseling session, which may be kept separate from the rest of your therapy record. These notes are given a greater protection than PHI. You may cancel all such authorizations (of PHI or psychotherapy notes) at any time, as long as each cancellation is in writing. You may not cancel an authorization if (1) we have relied on that authorization; or (2) we got the authorization as a condition of getting insurance coverage. In this case, the law gives the insurer the right to contest the claim under the policy.

III. **Uses and disclosure without consent or written permission.** We may use or share PHI without your consent or written permission in the following situations:

- ***Serious threat to health or safety.*** If we believe you pose a serious threat to yourself or to others we may seek help for your protection. We may call your emergency contact person, a friend or relative, or call the police to take you to a hospital for psychiatric evaluation or observation.
- ***Suspected child abuse.*** Laws in the State of Alabama require us to file a report with the Department of Human Resources if we suspect child abuse or neglect. Child abuse and neglect may include physical, emotional or sexual abuse of children and the abandonment of children.
- ***Suspected adult abuse.*** The law requires us to file a report if we suspect that an elderly or disabled adult has been abused, neglected, exploited, or sexually or emotionally abused. We will report to the Department of Human Resources or other government department.
- ***Court and other legal proceedings.*** If a request is made for information about your diagnosis and treatment, we will not disclose information without your (or your legal representative's) written consent, a subpoena or court order.
- ***Health oversight activities.*** We can share your health information with agencies that audit, investigate and inspect health programs when requested to do so.
- ***Worker's compensation claims.*** We may share information relating to a worker's compensation claim to the extent needed to comply with the law.
- ***Appointment reminders.*** We may contact you, as permitted by law, with appointment reminders or information about other resources that may be helpful in your care or treatment.
- ***For law enforcement activities.*** In limited situations we may share your information if we are required to do so by law.
- ***Research and review purposes.*** We may use the information you share with us to review our services and conduct research. Anonymity will be maintained.
- ***Business associate support.*** From time to time we may hire business associates outside the agency to help us with the operation of our office. We may share your health information with them so that they can perform their job. Examples of business associates include companies and individuals that provide computer and database support, program and service review activities, and general office or administrative services. We require all business associates to protect the privacy of your information.

#### IV. **Patient's Rights and Therapist's Duties**

##### Patient's Rights

- ***Right to ask for confidential communication.*** You can ask us to contact you about PHI in a certain way or at a certain location. For example, you may not want a family member to know that you are in therapy. On your request, we will send your mail to another address and will not leave phone messages without your consent to do so.
- ***Right to see and get a copy.*** You can see and get a copy (or both) of PHI we keep about you for as long as we have the PHI on record. We may deny your access to PHI in some situations, but in some cases you may have this decision reviewed. You may see and

copy *psychotherapy notes* unless we think that access would be harmful to your health. On your request, we will discuss with you the details of the request and denial process.

- ***Right to ask us to change your PHI.*** If you think your PHI is not correct or that something important is missing, you can ask us to change it. We may deny your request. On your request, we will discuss with you the details of this process.
- ***Right to request restrictions.*** You can ask us to limit the PHI we use or share. We will consider your request, though we are not required to agree to it. We will not agree to limits on uses or disclosures that are required by law or that are allowed by law and that we believe to be in the best interests of your health and well being.
- ***Right to get a list of disclosures.*** You can request a list of disclosure we have made of your PHI. On your request, we will discuss with you the details of this process.
- ***Right to file a complaint.*** If you feel your privacy rights have been violated, you can send a written complaint to this office or to the Secretary of the U.S. Department of Health and Human Services.
- ***Right to a paper copy of this notice.*** You can get a copy of this notice at any time.

#### Therapist's Duties

- We are required by law to maintain the privacy of your PHI and to give you notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices given in this notice. Unless we tell you of such changes, however, we must abide by the terms now in effect.
- If we change our policies and procedures, we will tell you at your next therapy session or by mail.

IV. **Effective date, restrictions and changes to privacy policy.** This notice will go into effect on \_\_\_\_\_.

When using, disclosing or requesting PHI, we will make reasonable efforts to limit PHI to the minimum needed for the intended purpose.

We reserve the right to change the terms of this notice and to make the new changes effective for all PHI that we keep. We will give you a revised notice at your next therapy session or by mail.