

A Place to Heal and Grow Notice of Privacy Practices

Privacy Officer: Catherine Holland

Effective Date: 09/01/2015

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.

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this agency. You have the right to the confidentiality of your medical information and this agency is required by law to maintain the privacy of that protected health information. This agency is required to abide by the terms of the Notice of Privacy Practices currently in effect and to provide notice of its legal duties and privacy practices. If you have any questions about this notice, please contact the Privacy Officer of this agency.

Who will follow this Notice?

Any professional authorized to enter information into your case file, all staff and contractual personnel at this agency who may need access to your information must abide by this notice.

How we may use and disclose medical information about you?

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

For treatment

We may use medical information about you to provide you with emergency medical care.

For operations

We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Other uses or disclosures that can be made without consent or authorization

- If physical or sexual abuse/neglect of a minor person (under 18), elderly person, or person with disabilities is suspected.
- If there is an indication of intent to harm yourself or someone else.
- In an emergency situation whereby your life/health is threatened.
- If we are subpoenaed for records.

We may contact you to provide appointment reminders or information about treatment alternatives that may be of interest to you.

Your individual rights regarding your medical information

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this agency or with the secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Right to request confidential communications

You have the right to request how we should send communications to you about medical matters and where you would like those communications sent. To request confidential communications, you must

make your request to your attending staff member at this agency. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the agency.

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. Usually this includes counseling files but does not include psychotherapy notes; information compiled for use in a civil, criminal or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the attending staff member at this agency. If you request a copy of the information, we reserve the right to charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and to copy in certain very limited circumstances. If you are denied access to medical information you may request that the denial be reviewed. Another licensed professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

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. To request an amendment, your request must be made in writing and submitted to the Privacy Officer of this agency. In addition you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition we may deny your request if the information was not created by us, is not part of the medical information kept at this agency, is not part of the information which you would be permitted to inspect or copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement, and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized request for information pertaining to the appropriate portion of your record.

Right to an accounting of nonstandard disclosure

You have the right to request a list of the disclosures we made of medical information about you. To request this list you must submit your request to the Privacy Officer at this agency. Your request must state the time for which you want to receive a list of disclosures that is no longer than 6 years. Your request should include in what form you want the list. The first list request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.

Right to a paper copy of this notice

You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current notice, please request one in writing from the Privacy Officer at this agency.

Change 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. We will post a copy of the current notice with the effective date in the upper right corner of the first page.

Your signature below indicates that you have received the Notice of Privacy Practices describing the agency's policies and practices to protect the privacy of client's health information, as well as the Grievance Policy and Client Rights Statement.

Name (printed)

Date

Signature

Witness

Date