

## HIPAA 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 CAREFULLY..

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment (TPO) and for other purposes that are permitted or required by law. It also describes your rights to control your PHI. PHI is information about you that relates to your past, present or future mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by your counselor, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party where business associate agreements exist such as for a laboratory that provides drug screens.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for group work may require that your relevant protected health information be disclosed to the health plan to obtain certification for your recommended course of treatment.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your treatment program. Those activities include, but are not limited to quality assessment: activities, employee review activities, training of interns, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your counselor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Possible exceptions to a client's right to confidentiality include the following situations: (1) a medical emergency where the client has unexpectedly become physically unable to give permission to release appropriate information; (2) a client is believed to be in "imminent danger" of harming self or others, (3) a staff member is legally required to report suspected child and/or elder abuse or neglect; (4) the facility is legally required to comply with a court order, issued after a full hearing concerning the disclosure, to produce client records or testify about a client's treatment.

We reserve the right to use information concerning clients and their treatment in reports, statistical tabulations and research studies where this information will, in no instance, identify a client by name or other information that would disclose the identity of any client. We must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500,

**Other Permitted and Required Uses and Disclosures** will be made only with your consent, authorization or opportunity to object unless required by law.

**You may revoke this authorization**, at any time, in writing, except to the extent that your counselor or the counselor's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request restriction of you protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your counselor is not required to agree to a restriction that you may request. If counselor believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You may have the right to have your counselors amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints and Client-Resident Grievance- We will not be any retaliate against you for filing a complaint.

### **Client Resident Grievance Procedure**

If at anytime a client/resident wishes to state a grievance arising out of the provision of services or the failure to provide services, the client/resident has the right to have the grievance heard. The following procedure should be followed:

1. Initial appeal may be made to their program's supervisor or coordinator within 7 work days of the issue arising.
2. If the client/resident is not satisfied with the resolution of the grievance by the program supervisor, they may appeal to the appropriate Program Director or their designee within 7 work days.
3. If the client is not satisfied with the resolution of the Program Director, they may submit an appeal to the Executive Director (this should include written documentation by clients/resident).

At any time during this process, a Client may call the Client Rights Advocate at Area Mental Health and the Governor's Advocacy Council, who will also investigate. Family members and significant others may speak with a clients/resident's counselor about concerns they may have understanding the counselor can only respond if the resident involved has given the counselor written permission due to Federal Confidentiality laws. They may also send written grievances to the Executive Director who can respond only with resident's permission. This notice was published and becomes effective on or April 14, 2003.

I am are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with Eric Belsterling LPC, LCAS, CSAT, and/or a HIPAA Compliance Officer. My phone number is 828-337-0391.

HIPAA Notification

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES  
AND STATEMENT OF CLIENT RIGHTS**

Client Name: \_\_\_\_\_ Client ID Number: \_\_\_\_\_

**Every client has the following rights:**

1. The right to impartial access to treatment services regardless of race, religion, ethnic background, physical handicap or source of financial support.
2. The right to have personal dignity recognized and respected in all aspects of interaction and contact with facility staff
3. The right to individualized treatment, including participation in the development of a treatment plan and implementation of the plan in cooperation with professional staff.
4. The right to confidentiality of communication with treatment staff and of material included in the treatment record; federal confidentiality rules (42 CFR part 2) prohibits the release of any information about a client's participation in this program to anyone outside of this agency without a client's written authorization for the disclosure of my protected health information.
5. The right to privacy of health information, under HIPAA, (Health Insurance Portability and Accountability Act), Rules accept where federal or state rules are more restrictive. HIPAA Notice of Privacy Practice is given to all clients extensively explaining the rules and exceptions to confidentiality in special cases of imminent emergency or court order.
6. The right to express opinions and discuss the plan and course of treatment with persons responsible, and to receive a stated grievance in accordance with established policy.
7. The right to be informed of any rules or expectations, which apply to the client's conduct and participation in treatment.
8. The right to a satisfactory explanation of treatment services and this statement of rights before giving consent to treatment.
9. The right to notify the staff of discontinuance of treatment at any time without being financially responsible for any planned treatment services that was not provided.
10. The right to be informed of alternative treatment resources other than those provided by this program.
11. All clients are entitled to the rights as defined in Article 3- Clients Rights and Advance Instruction 122C-51 through 122C-67. Copies of these rights are available upon request.

**My signature indicates I have received a copy of the HIPAA Notice of Privacy Practice and a copy of Eric Belsterling's Professional Disclosure Form had an opportunity to ask any questions I may have had.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**I have reviewed and understand my rights as a client.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_