

ichoosechange

HIPAA Compliance Information

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice please contact the staff of I Choose Change.

This Privacy Notice tells you about your rights about your mental health care records. You get a copy of this Privacy Notice to keep for yourself. You can look at this copy anytime to see what use is made of your health care records and who gets to see them. A new government rule requires that we give you this Privacy Notice to sign.

Our policy has always been to keep your records safe. Your records are usually kept in a folder of papers with your name on it. Your records can also be stored in a computer. Your records tell what analysis and treatments you have had, and what decisions the counselor has made.

This Privacy Notice is in four parts:

1. What your health care records are and your rights about those records.
2. Who can see them without your written consent.
3. Who cannot see them unless you give a written consent.
4. Our policies to protect health care records.

“Protected health information” is personal medical or mental health information about you, including personal background information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to agree to the terms of this Privacy Notice. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Privacy Notices. You may request a revised version by accessing our website, or by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and shared by your counselor, our office staff and others outside of our offices who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your counselor's practice if your counselor works directly with insurance companies on your behalf.

Following are examples of the types of uses and disclosures of your protected health information that your counselor's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your mental health care and any related services. This includes the coordination or management of your mental health care with another counselor or provider of counseling. For example, we would disclose your protected health information, as necessary, to other counselors who may be treating you. Your protected health information may also be provided to a counselor to whom you have been referred to ensure that the counselor has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another counselor or health care provider (*e.g.*, a specialist or laboratory) who, at the request of your counselor, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your counselor.

Payment: Your protected health information will be used and shared, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan, if any, may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for necessity, and conducting review activities.

Health Care Operations: We may share your protected health information with third party "business associates" that perform various activities (for example, appointment, and billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.



Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your counselor created or received your protected health information in the course of providing care to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your counselor may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy certain parts of your protected health information. This means you may inspect and obtain a copy of certain protected health information about you for so long as we maintain the protected health information. You may obtain your record that contains billing records and any other records that your counselor and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

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. In some circumstances, you may have a right to have this decision reviewed.

You have the right to request a restriction of your 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 health care 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 Privacy Notices. 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 your counselor does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your counselor.

You have the right to request to receive confidential communications from us a different way or at a different location.

We will agree to reasonable requests. During our review of your request we may ask you for information as to how payment will be handled or designation of a different address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to your Counselor.

You may have the right to have your counselor amend your protected health information.

This means you may request a change of your protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for such a change. If we deny your request, 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.

This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to



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receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

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 electronically.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact the staff of I Choose Change at (214) 547-1318 for further information about the complaint process.

If you believe that your rights under the federal HIPAA Privacy Rule have been violated, you can file a complaint with the United States Department of Health of Human Services (HHS), Office for Civil Rights. The information provided here tells you how and where to file a complaint.

This notice was published and becomes effective on November 10, 2005.