Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW THE CLIENT MAY ACCESS THIS INFORMATION.

I: Uses and Disclosures for Treatment, Payment, and Health Care Options

Protected Health Information (PHI) may be used for treatment, payment, and health care operations purposes with client consent.

- Treatment refers to coordination, management of your health care, and other services related to your health care.
- Payment refers to sharing information for the purpose of facilitating payment from your insurance carrier.
- Health care operations refer to activities that relate to the improving performance and operation of the practice.
- *Use* refers to activities within the office/practice.
- Disclosure refers to activities outside of the office/practice such as transferring or providing information about you to other parties.
- *Authorization* refers to written permission to disclose confidential mental health information. All authorizations to disclose information must be signed on a designated form specifically identifying the information to be released.

II: Other Uses and Disclosures Requiring Authorization

PHI may be used for purposes outside of treatment, payment, or health care operations with appropriate authorization by the patient are obtained. Authorization will be obtained for release of information for purposes outside of treatment, payment, or health care operations prior to release of this information.

The client has the right to revoke all authorizations of PHI or progress notes at any time, provided each revocation in writing. The client does not have the right to revoke authorization that will impact the condition of obtaining insurance coverage and reimbursement. The law provides the insurer the right to contest the claim under the policy.

III: Uses and Disclosures with Neither Consent nor Authorization

Mental health professionals my use or disclose PHI without your consent or authorization in the following circumstances:

- Child abuse—if a child is believed to be a victim of child abuse or neglect a report to the appropriate authorities is required.
- Adult and domestic abuse—if an adult is believed to be a victim of abuse and could be danger a report to the appropriate authorities must occur.
- Health oversight activities—If the Indiana Attorney General's office is conducting an investigation into this practice, disclosure is required of PHI upon receipt of a subpoena.
- Judicial and Administrative proceedings—medical/mental health information is protected under state law. Information will not be released without written authorization for release of information. The privilege does not apply when evaluation for a third party or where the evaluation is court ordered. The client will be informed in this circumstance.
- Serious threat to health or safety—a threat of violence to cause serious injury or death against a reasonably identifiable victim or victims will result in a report to the appropriate authorities. Evidence conduct or statements indicating an imminent danger that the client will use physical violence or use other means to cause personal injury or death to others requires this practice to report to the appropriate authorities. If there is reason to believe that the client is in serious threat or harm or death this information may be required to be reported to the appropriate authorities.
- Worker's compensation—PHI regarding worker's compensation necessary for evaluation will be released as established by the law. The benefits for work-related injuries or illness without regard to fault will be released.

IV: Patient's Rights and Mental Health Professional's Duties

Patient's Rights

- Right to request restrictions—the client may request restrictions on certain uses and disclosure of PHI. The practice is not required to agree to a restriction requested.
- Right to received confidential communication by alternative measure and alternative locations—the client has the right to request and receive confidential communication of PHI by the by alternative means at alternative locations.
- Right to inspect and copy—the client has the right to inspect or obtain a copy of PHI in a mental health and billing records used to make decisions about the client as long as the PHI record is maintained. Mental health records can be denies release in certain circumstances under specific laws.
- Right to amend—The client has the right to request an amendment of PHI for as long as the PHI is maintained in the record. The practice may deny your request.
- Right to an accounting—The client has the right to received an accounting of disclosure of PHI.
- Right to a paper copy—the client has the right to obtain a paper copy of the notices from the practice.

Mental Health Professional Responsibilities:

- The mental health professional is required to maintain the privacy of PHI and to provide the client with a notice of legal duties and privacy practices with respect to PHI.
- The mental health professional has the right to change the privacy policies and practices as described in this notices. Privacy guidelines will be followed as established by the appropriate authorities.
- A copy of any revisions in the privacy policies and procedures will be provided to the client.

V: Questions and Complaints

If the client has questions about this notice, disagrees with a decision made about access to the clients recorded, or have other concerns about privacy rights he/she may contact the practice at 260-615-3547 or 260-348-5474.

If the client believes that his/her privacy right have been violated and wish to file a complaint with the practice, he/she must do so in writing to the practice. A note may also be sent to the Secretary of the U.S. Department of Health and Human Services.

The client has specific rights under the Privacy Rule. The practice will not retaliate against the client for exercising his/her right to file a complaint.

VI: Effective Date: This notice will go into effect on April 14, 2003.