

RGF Counseling

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Per the HIPAA Act of 1996, we are required to maintain the privacy of your protected health information (PHI). "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care. We must provide you with this Notice about our privacy practices. It explains how, when, and why we may use and disclose your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use of disclosure.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from our office.

Permitted Uses and Disclosures

We can use or disclose your protected health information for purposes of treatment, payment and health care operations.

- **Treatment** means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, we may disclose your medical history to a hospital if you need medical attention while at our facility, or to a residential care program we are referring you to. Reasons for such a disclosure may be: to get them the medical history information they need to appropriately treat you condition, to coordinate your care, or to schedule necessary testing. With the possible exception of information concerning drug and alcohol abuse and /or treatment, and HIV status (for which we may need your specific authorization), we may disclose your health information to other health care providers who are involved in your care.
- **Payment** means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid, or the County MH/MT office in order to get paid for taking care of you. With the possible exception of information concerning drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided to you.
- **Health Care Operations** mean the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff in caring for you. We may also need to provide some of your health information to our accountants, attorneys, and consultants in order to make sure that we are complying with law. Because this information concerns mental health disorders and /or treatment, drug and alcohol abuse and/or treatment, and /or HIV status, we may be further limited in what we provide and may be required to first obtain you authorization.

Disclosures Related To Communications With You Or Your Family

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you or relate specifically to your medical care

through our office. For example, we may leave appointment reminders on your answering machine or with a family member or other person who may answer the telephone at the number that you have given us in order to contact you.

We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care.

Other Uses and Disclosures permitted by Federal Law

- **When a disclosure is required by Federal, State, or Local Law, in Judicial or Administrative Proceedings, or by Law Enforcement.** For example, we may disclose your protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as suspected child abuse.
- **For Public Health Activities.** Under the law, we need to report information about certain diseases and about any deaths to government agencies that collect that information. With the possible exception of information concerning HIV status (for which we may need your specific authorization), we are also permitted to provide some health information to the coroner or a funeral director, if necessary, after a client's death.
- **For Health Oversight Activities.** We may need to provide your health information to the County and/or the State when they oversee the program in which you receive care. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.
- **For Research Purposes.** In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we may be permitted to use or provide protected Health information for a research study.
- **To Avoid Harm.** As permitted by applicable law and standards of ethical conduct, if we, in good faith, believe that the use of 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 use and disclose protected health information to the police or others who may be able to prevent or lessen the possible harm.
- **For Specific Government Functions.** With the possible exception of information concerning drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization). We may also disclose a client's health information for national security purposes. We may disclose the health information of military personnel or veterans where required by U.S. military authorities.
- **For Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in a response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.
- **For Law Enforcement Activities.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process, to identify or locate a suspect, fugitive, material witness, or missing person
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
 - About a death we believe may be the result of a criminal conduct
 - About criminal conduct on our premises
 - In emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime
- **For Situations Related to Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Your Rights

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request.
2. You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
3. Subject to payment of a reasonable copying charge as provided by state law, you have the right to inspect or obtain a copy of the protected health information contained in your medical and billing records and in any other practice records used by us to make decisions about you, except for:
 - Psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record
 - Information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - Protected health information involving laboratory tests when your access is required by law
 - If you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you
 - If we obtained or created protected health information as part of a research study for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research
 - Your protected health information is contained in records kept by a federal agency or contractor when your access is required by law
 - If the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information

We may also deny a request for access to protected health information if:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person
- The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person
- The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request a correction to your protected health information, but we may deny your request for correction if we determine that the protected health information or record that is the subject of the request:
 - Was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment
 - Is not part of your medical or billing records
 - Is not available for inspection as set forth above
 - Is not accurate and complete

In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

5. You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you for the period provided by law, except for disclosures:
 - To carry out treatment, payment and health care operations as provided above
 - To persons involved in your care or for other notification purposes as provided by law

- For national security or intelligence purposes as provided by law
 - To correctional institutions or law enforcement officials as provided by law
 - That occurred prior to April 14, 2003
 - That are otherwise not required by law to be included in the accounting
6. You have the right to request and receive a paper copy of this notice from us.
7. The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing delivered to us.

Complaints

If you believe that your privacy rights have been violated, you should immediately submit your complaint in writing to our office. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.