

Warm Springs

Counseling Center

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of Protected Health Information (PHI).

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for Treatment, Payment, and Health Care Operations purposes without your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to Patient Health Information in your record that could identify you.
- “Treatment, Payment, and Health Care Operations (TPO)”
 - Treatment is when we provide, coordinate, or manage your mental health care and other services related to your mental health care. An example of treatment would be when we consult with another health care provider.
 - Payment is when we obtain reimbursement for your mental health care. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your mental health care.
 - Health Care Operations are activities that relate to the performance and operation of our counseling and assessment center. Examples of health care operations include, but are not limited to, counseling and assessment and/or other improvement activities, audits, administrative services, and case management and care coordination.
- “Use” applies only to activities within our center such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our center such as releasing, transferring, or providing access to information about you to other parties.
- We may use your information to provide courtesy appointment reminder calls for clients.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of TPO when your appropriate authorization is obtained.

- An “authorization” is written permission above and beyond the general consent that permits only specific disclosures.

In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing information.

“Psychotherapy Notes” are notes made about interactions during private, group, joint, or family counseling sessions, which are kept separate from the rest of your health care record. These notes are given a greater degree of protection than PHI. We will obtain a separate authorization before releasing Psychotherapy notes.

You may revoke all such authorizations (of **PHI** or **Psychotherapy Notes**) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. Law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose your PHI without your consent or authorization in the following circumstances:

- Child Abuse – If we have reason to believe that a child under the age of eighteen (18) years has been abused, abandoned, or neglected, or if we have observed the child being subjected to conditions or circumstances, which would reasonably result in abuse, abandonment or neglect, we must report this belief or observation to the appropriate authorities.
- Health Oversight Activities – If the Idaho Board of Psychological Examiners or other examining board is investigating the center, we may be required to disclose protected health information regarding our clients.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about the professional services we provided you and/or the records thereof, such information is privileged under state law, and we will not release information without the written authorization by you, or your

legally appointed representative, or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. We will inform you in advance if this is the case.

- Serious Threat to Health or Safety - If you communicate an explicit threat of imminent serious physical harm or death to identifiable victim(s), and we believe you may act on the threat, we have a duty to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim. If we have reason to believe that you present an imminent, serious risk of physical harm or death to yourself, we may need to disclose information in order to protect you. In both cases, we will only disclose what we feel is the minimum amount of information necessary.
- Worker's Compensation – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen here. Upon your request, we will make arrangements to send your bills to an alternate address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records that are used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, we will discuss with you the details of the request and denial process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI not relating to TPO. Upon your request, we will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of this notice from us upon request.

V. Clinician's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with a revised notice when you come to our office, or by mail.

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact our Privacy Officer at (208) 343-7797.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to our Privacy Officer at 740 Warm Springs Ave., Boise, Idaho 83712.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

We will not retaliate against you for exercising your right to file a complaint.

VII. Effective Date: OCTOBER 3, 2007

I have received and read this Notice of Privacy Practices and have had the opportunity to have any questions I may have had answered.

CLIENT SIGNATURE (18 or Older)

DATE

AUTHORIZED REPRESENTATIVE (If client is a minor)

AUTHORITY i.e. MOTHER/GUARDIAN ECT