

Statement of Information Practices *Mercy's Place Counseling Services, INC*

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

Understanding Your Mental Health Record Information

A record will be kept of each of your visits. Typically, this record contains an assessment history, current symptoms, diagnosis, treatment, and a plan for future care or treatment. This information serves as a:

- a. Basis for planning your care and treatment.
- b. Means of communication among any other health professionals who contribute to your care.
- c. Legal document describing the care you received.
- d. Means by which you or a third-party payer can verify that you actually received the services billed for.
- e. Tool to assess the appropriateness and quality of care you received.
- f. Tool to improve the quality of health care and achieve better patient outcomes.
- g. Tool to document compliance with regulatory, licensing and accreditation standards.

Understanding what is in your health records and how your health information is used helps you to:

- a. Ensure its accuracy and completeness.
- b. Understand who, what, where, why and how others may access your health information.
- c. Make informed decisions about authorizing disclosure to others.
- d. Better understand the health information rights detailed below.

Your Rights Under the Federal Privacy Standard

You have certain rights with regard to the information contained in your health records. You have the right to:

1. Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consists of activities that are necessary to carry out quality of operations, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under §164.502(a)(2)(i) (disclosures to you), §164.510(1) (for facility directories, but note that you have the right to object to such uses), or §164.510 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, like mandatory communicable disease reporting, mandatory reporting of abuse or neglect of children or vulnerable adults, as well as mandatory reporting under the Tarisoff Act describing the duty to warn if safety of self or others is in jeopardy. In those cases, you do not have a right to request restriction. The Consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice.

2. Ask me to communicate with you by alternate means, if the method of communication is reasonable, we must grant the alternate communication request. Again see the consent form.
3. Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a copy upon request.
4. Inspect and copy your health information upon request. Again, this right is not absolute. You do not have a right of access to the following:
 - a. Any information that would cause harm to the client, family member or involved party.
 - b. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 - c. PHI that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. §263a, to the extent that the provision of access to the individual would be prohibited by law.
 - d. Information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of information.
5. A summary of any decision to deny access. For these reviewable grounds (see below), another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. These “reviewable” grounds for deniable include:
 - a. Licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
 - b. PHI makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
 - c. The request is made by the individual’s personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provider of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

If we grant access, we will tell you what, if anything, you have to do to get access. *We reserve the right to charge a reasonable, cost-based fee for making copies.*

6. Request amendment/correction of your health information. We do not have to grant the request if:
 - a. We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
 - b. The records are not available to you as discussed immediately above.
 - c. The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

7. Obtain an accounting of “non-routine” uses and disclosures—those other than for treatment, payment, and health care operations. To individuals of protected health information about them. We do not need to provide an accounting for:
 - a. The facility directory or to persons involved in the individual’s care or other notification purposes as provided in §164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, or the individual’s location, general condition, or death.
 - b. National security or intelligence purposes under §164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object, see chapter 16).

- c. Correctional institutions or law enforcement officials under §164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).
- d. Those uses and disclosures that occurred before April 14, 2003.

I must provide the accounting within 60 days. The accounting must include:

- a. The date of each disclosure.
 - b. The name and address of the organization or person who received the protected health information.
 - c. A brief description of the information disclosed.
 - d. A brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written authorization, or a copy of the written request for disclosure. The accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable cost-based fee.
8. Revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance of the consent or authorization.

Our Responsibilities Under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- 1. Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- 2. Provide you with this notice, upon request, as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you, including those who agree to receive the Statement of Information Practices electronically.
- 3. Abide by the terms of this notice.
- 4. Train our personnel concerning privacy and confidentiality.
- 5. Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- 6. Mitigate (lessen the harm of) any breach of privacy/confidentiality.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

Examples of Disclosures for Treatment, Payment, and Health Operations

If you give us consent, we will use your health information for treatment.

Example: Upon each visit, your therapist will record information in your record to diagnose your condition and determine the best course of treatment for you.

If you give us consent, we will use your health information for payment.

Example: I may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and modality.

If you give us consent, we will use your health information for health operations.

Example: A quality assurance person from your insurance carrier may use information in your health record to assess the care and outcomes in your case and the competence of the caregiver.

Other health operations include:

Business associates: We provide some services through contracts with business associates. Examples include certain diagnostic testing, a transcribing, billing, and shredding service, psychiatrists, volunteers, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform for services rendered. Other business associates, like office cleaning and computer maintenance for example, do not receive client health information but could come into contact with such information by the nature of the service provided. To protect your health information, however, we require all business associates to appropriately safeguard your information and understand client confidentiality.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition in an emergency situation where 911 is called on site. This information is protected through use of a consent unless in an emergency situation.

Marketing continuity of care: 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. You have the right to decline such contact.

Workers compensation: We may disclose information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information purposes as required by law or in response to a valid subpoena.

Health oversight agencies and public health authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

The federal Department of Health and Human Services (DHHS): Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

Statement of Information Practices Client Acceptance Form

The policies that you have just read describe how medical information about you may be used and disclosed and how you can get access to the information. Your understanding of this material is important and any concerns or questions should be addressed immediately.

Your signature below signifies that you have read, understand and accept this information.

Client Signature

Date

Parent or Guardian Signature

Date