

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

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. This notice is effective as of November 1, 2013. \*You in this document may refer to your child, yourself, or your family.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable Protected Health Information (PHI) used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. This Act gives you, the client, significant rights to understand and control how your PHI is used. HIPAA provides penalties for covered entities that misuse PHI.

This notice describes how Family & Personal Counseling Services (FPCS) uses and discloses your PHI. PHI is information that identifies you and relates to health care services, the payment of health care services, or your physical or mental health or condition in the past, present, and future. This notice also describes your rights to access and control your PHI.

**FPCS's Responsibilities:** Federal and state laws require that FPCS maintain the privacy of your PHI and provide you with this notice of our legal duties and privacy practices. We are required to notify you following a breach of unsecured PHI. We are required to abide by the terms of this notice, but we reserve the right to change the terms of this notice, and to make the new notice provisions effective for all PHI we maintain. If we change this notice, a revised notice will be made available to you. We will post it on our public web site and at our offices. You may also ask for a paper copy.

**How FPCS Uses and Discloses Your Information:** FPCS will not use or disclose your PHI without authorization, except as described below in this notice. You may give us written authorization to use and/or disclose PHI to anyone for any purpose. If you authorize us to use and/or disclose such information, **you may revoke that authorization in writing at any time.** FPCS will abide by that written request, except to the extent that we have already taken actions relying on your authorization.

We may use and disclose your PHI only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** refers to providing, coordinating or managing health care and related services by one or more health care providers. An example of this would be sharing information about your counseling sessions with your primary care physician.
- **Payment** refers to activities necessary for obtaining reimbursement for services, including confirming coverage, billing or collection activities, and utilization review. An example of this would be submitting claims to your insurance company for payment
- **Health care operations** refers to the business aspects of running our office and includes activities such as: quality assurance, audit, accreditation, licensing, and other activities that are required to meet our professional and legal obligations. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

**Disclosures without authorization:** For treatment purposes, we will not disclose information about you without your written authorization, except in circumstances that we reasonably believe are emergencies. For example, we may disclose information if you are in a hospital emergency room, and hospital staff request information to help them evaluate or treat you.

In addition to the above, we may disclose PHI when required by federal, state, or local law to do so, for example, to report suspected abuse, neglect, or domestic violence. When we have a legal duty to protect, we may disclose PHI if we, in good faith, believe it is necessary to prevent or lessen a serious threat of harm to you or the public. We may disclose PHI for judicial or administrative proceedings, for example, in response to a lawfully issued subpoena, and for certain law enforcement purposes. Federal regulations may require or authorize us to use or disclose PHI to facilitate specified government functions relating to the military and veterans; national security and intelligence activities; protective services for the President and others; medical suitability determinations, and inmates and law enforcement custody. In certain circumstances, we may disclose your PHI to funeral directors, medical examiners, and coroners to carry out their duties. Consistent with applicable law, we may disclose your PHI to organ procurement organizations, or other entities engaged in the procurement, banking or transplantation of organs for the purposes of tissue donation and transplant.

**Your right to receive confidential communications:** We may make telephone calls or send letters to you to reschedule or remind you about appointments, make arrangements for follow-up services, or provide you with information about treatment alternatives, benefits, or services. Please tell us if you wish to receive communications from us through another means, or at another location. We will accommodate reasonable requests.

**Your rights with respect to Protected Health Information:**

- You may identify persons to us who may serve as your authorized personal representative. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.
- You may request that we restrict how protected health information is used or disclosed, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We will consider your request, but are not required to agree to the restrictions. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- You have the right to inspect and copy certain health information, to request that we amend health information about you that you believe is inaccurate or incomplete, and to request an accounting of certain disclosures of your health information. To exercise these rights, contact your FPCS clinician.

If you believe your privacy rights have been violated, you may file a written complaint with your FPCS clinician, the Professional Board licensing the clinician or an electronic or written complaint with the U.S. Department of Justice, Civil Rights Division, Office of the Assistant Attorney General, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530. Your complaint must be filed within 180 days of when you knew or should have known of the occurrence of the act or omission that is the subject of your complaint. You will not be retaliated against for filing a complaint.

Please take and keep a copy of this Notice of Privacy Practices for Protected Health Information. You have the right to review this notice before signing the Consent for Behavioral Health Services (unless already signed). You always have the right to withdraw your consent by submitting a written request to your FPCS clinician. A copy of this notice is also available at [www.fpcscleveland.org](http://www.fpcscleveland.org).