

Anything is Possible Youth & Family Services, LLC.
Grace-Full Care LLC
Notice of Privacy Practices

1. Notice of Privacy Practices

A. Introduction

Privacy is an important part of our practice, and we are required by law to maintain the privacy of your health information. Due to ethical guidelines and the many federal and state laws surrounding privacy, it is complicated, which makes parts of this notice very detailed. If you have any questions on this notice, the privacy officer will be happy to answer them. This notice will detail how we use and disclose health information, which includes medical and mental health information, as well as your rights to your health information.

*Please note that we/us in this notice refers to AIP Youth & Family Services, LLC, Inc. and/or Grace-Full Care, LLC.

B. Health Information

Anytime you visit a healthcare provider, either for medical or mental health care, information about you and your health is collected. The information collected can be related to your past, present, or future health, related to tests/treatment you received from us or others, or related to payment for healthcare services. The information that is collected from you is, by law, called PHI (Protected Healthcare Information) and is part of your medical or health care record.

At this office, PHI is likely to include information about the following;

- Your personal history
- Reasons for treatment
- Diagnoses (a term indicating a problem/symptom as defined by the Diagnostic and Statistical Manual.)
- A treatment plan, which identifies your goal(s) for treatment and ways we can work with you to support you in meeting these goals
- Progress Notes or "case management" notes, which are a record of our interaction each time we meet or have contact
- Records from other healthcare providers you have been to see
- Psychological test scores/school records/additional evaluations or reports
- Medical information including medications you have been prescribed and/or are taking
- Legal matters
- Billing and Insurance information

*The above list is to provide you an understanding of what might be in your record; however, there might be other information included in your record.

We use your PHI for multiple purposes, which may including the following:

- For planning and implementing care and treatment
- To assess the effectiveness of treatment
- For talking with other healthcare professionals such as other treatment providers or for other professionals that referred you to treatment
- For documentation that you received the services from us we indicated for billing purposes of you or your payor.
- For teaching or training other staff or mental health professionals
- For research

-For public health officials who are striving toward improving health care in this part of the country

-To be able to measure the results of our work so as to improve the way we provide

treatment.

It is helpful to understand what is part of your record and what it is used for so as you can make the best decision about who, when, and why others should have this information. Your health record is the physical property of the practitioner or agency that collected it; however, the information belongs to you. You can read the information in your file, and if you would like a copy of the information, we can make one for you but may charge you for copying and shipping costs. In some situations, such as with psychotherapy notes/progress notes, you might not be able to see all of what is in your record, and it is within our discretion to provide you a summary of your care. You can ask to amend any incorrect information you encounter in your record or add any information you feel is missing; however, in some instances, we do not have to agree to do that. Access to your records may be limited during the time of your treatment. Additionally, if we are a subcontractor of someone who refers you for services, we might be restricted in releasing your records to anyone, and the request for records might need to be directed to whom we contract with for them to approve or not. You can consult with the Privacy Officer at AIP for further information or clarification.

C. Privacy and the laws

We are required by law to inform you of privacy because of privacy regulations due to the Health Insurance Portability Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your PHI private and requires us to notify you of our legal duties and privacy practices, called the Notice of Privacy Practices (NPP). We will follow the rules of this notice as it remains in effect; however, any changes to the NPP will apply to the entirety of the PHI that we keep. If we change the NPP, we will provide you an updated copy.

You can also ask the privacy officer at any time for a copy of this notice.

D. How your protected health information (PHI) can be used or shared

Use: When your information is read by others or AIP and used to make decisions about your care. Disclosure: When your information is shared with or sent to others outside of AIP we will share the minimum necessary information in disclosure to others, except in special circumstances. Due to your rights, we will further explain your PHI, how it is used and how to have a say in how information is disclosed.

Typically, we use and disclose your information for routine purpose, explained further below. For other uses/disclosures of information, we must inform you of them and obtain your written authorization, unless the law requires us to disclose information without your authorization as the law states in certain circumstances we do not need your authorization to disclose information.

1. Uses and disclosures of PHI in health care with your CONSENT

At the end of reading this notice, you will be asked to sign an acknowledgment form, allowing us to use or share your PHI. In most cases, we use your PHI to provide treatment to you, obtain payment for services, or for use in other business functions called health care operations. In short, these routine purposes are called ISPO, and the signed consent form allows us to disclose your PHI for ISPO, and signed consent from you is required for us to be able to provide you services.

1 a. (ISPO) For treatment, payment, or other health care operations.

In order to begin treatment, we must have your consent to allow us to collect and share information as we need information about you and your condition in order to provide appropriate care and services. We cannot treat you without a signed consent form. The information we collect about you may go into your health care records at this office and is generally used for treatment, obtaining payment, and health care operations.

Treatment:

Your health information is used to provide you with therapeutic services and treatment, including, but not limited to, individual/couples/family/group therapy, treatment planning, supervision, and case management services. We may share/disclose your information with others whom provide you treatment in our agency such as between your clinician and supervisor or clinician and provider of case management services in order to provide effective treatment. Additionally, we may provide information about your treatment to whatever agency, court or organization referred you here and is part of your treatment service, which might not be a health care provider. We might refer you to other providers for services we are unable to provide and will need to be able to share with them PHI. We can also share PHI with professionals whom you work with in the future.

For Payment:

We may use your information for billing you, or any payor or administrative agency or organization whom is the payor of any part of/all of your treatment services so that we may receive payment for treatment we have provided. We may need to be in contact with your payor to find out what services they cover, inform them of your diagnoses, report on the treatments/services you have received, and discuss the changes we anticipate in your conditions. Additionally, we will need to discuss with your payor other matters such as when we met and your progress and/or lack thereof as well as treatment recommendations or discontinuation of services.

For Health Care Operations:

We may use your PHI for health care operations including but not limited to the evaluation of the quality of health care services offered to you or for other evaluative needs, for obtaining or maintaining any licensure-certification-accreditation, for responding to audits, for outcome measures, or as requested by other agencies/courts/departments/providers, whom have referred you here, that we have contracts with.

1 b. Other uses and disclosures that DO NOT REQUIRE ADDITIONAL AUTHORIZATION:

***Appointment Reminders:**

Your PHI might be used to reschedule or give appointment reminders. If you prefer a particular method of contact, such as contact only at home, please let us know, and we can work to accommodate your request.

***To others involved in your care for which you have provided a signed release of authorization:**

We may use/disclose your PHI to those involved in your care for whom you have provided us a Signed release of information and will limit what is shared based on what you have permitted as noted on this signed release of

information must be submitted in writing. No retaliatory actions will be taken against you for filing a complaint.

H. OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your authorization. If you provide us with permission to use or disclose health information about you by signing a written authorization, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

Additionally, you may have other rights granted to you by state law, which may be the same or different than the ones described above. We will be happy to discuss them now or as situations arise.

I. If you have questions or problems

If you have concerns about how your information has been handled or questions about this notice, please feel free to contact our **Privacy Officer, at 480-892-4601**. You have a right to file a complaint with us and the Department of Health and Human Services, and no retaliatory actions will be taken against you due to a complaint.