

CLIENT RIGHTS SUMMARY

- The right to be treated with consideration and respect for personal dignity, autonomy, and privacy
- The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan
- The right to be informed of one's own condition, of proposed or current services, treatment or therapies
- The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent to or refuse any service, treatment or therapy on behalf of a minor client
- The right to be informed and the right to refuse any unusual or hazardous treatment procedures
- The right to a current written treatment plan
- The right to active and informed participation in the establishment periodic review, and reassessment of the service plan
- The right to freedom from unnecessary or excessive medication
- The right to freedom from unnecessary restraint or seclusion
- The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services
- The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs
- The right to have the opportunity to consult with independent treatment specialists or legal counsel at one's own expense
- The right to confidentiality in accordance with state law
- The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations
- The right to have access to one's own psychiatric, medical or other treatment records, unless access to particularly identified items of information is specifically restricted for that individual client for clear treatment reasons
- The right to be informed in advance of the reasons for discontinuance of service provision, and to be involved in planning for consequence of that event
- The right to receive an explanation of the reasons for denial of service
- The right to be not discriminated against in the provision of service based on religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay
- The right to know the cost of services
- The right to be fully informed of all rights
- The right to exercise any and all rights without reprisal in any form including continued uncompromising access to service
- The right to file a grievance
- The right to have oral and written instructions for filing a grievance
- The right to have a second opinion and
- The right to request another therapist

NOTICE OF PRIVACY PRACTICES

Effective Date: August 16, 2019

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. If you have any questions about this Notice, please contact Your Story Counseling Services, LLC Directly.

OUR DUTIES

At Your Story Counseling Services, LLC, we understand that health information about you and your health is personal. We are committed to protecting health information about you and safeguarding that information against unauthorized use or disclosure. We are required by law to:

- 1) maintain the privacy of your health information
- 2) provide you Notice of our legal duties and privacy practices with respect to your health information
- 3) to abide by the terms of the Notice that is currently in effect
- 4) to notify you if there is a breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

When you receive service from Your Story Counseling Services, LLC, health information is collected and created about you. We may receive, use or share your health information for such activities as payment for services provided to you, conducting our internal health care operations, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information that we are permitted to make:

- **Payment** - We may use or disclose information about the services provided to you and payment for those services for payment activities such as confirming your eligibility, obtaining payment for services, managing your claims, utilization review activities and processing of health care data.
- **Health Care Operations** - We may use your health information to train staff, manage costs, conduct quality review activities, perform required business duties, and improve our services and business operations.
- **Treatment** - We may share your personal health information with your health care providers to assist in coordinating your care.
- **Other Uses and Disclosures** We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: To alert proper authorities if we reasonably believe that you or your child/ward may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for organ and tissue donation ; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.
- **Uses and Disclosures That Require Your Permission** We are prohibited from selling your personal information, such as to a company that wants your information in order to contact you about their services, without your written permission. We are prohibited from using or disclosing your personal information for marketing purposes such as to promote our services, without your written permission. All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the purposes stated in your written permission except for those that we have already made prior to your revoking that permission.

PROHIBITED USES AND DISCLOSURES

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing the genetic information in your health information for such purposes.

POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

If any state or federal privacy laws require us to provide you with more privacy protections than those explained here, then we must also follow that law. For example, drug and alcohol treatment records generally receive greater protections under federal law.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your health information:

- **Right to Request Restrictions** You have the right to request that we restrict the information we use or disclose about you for purposes of treatment, payment health care operations and informing individuals involved in your care about your care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions*
- **Right to Request Confidential Communications** You have the right to request that when we need to communicate with you. we do so in a certain way or at a certain location. For example, you can request that we only contact you by mail or at a certain phone number.
- **Right to Inspect and Copy** You have the right to request access to certain health information we have about you. Fees may apply to copied information. *
- **Right to Amend** You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change. *
- **Right to An Accounting of Disclosures** You have the right to request an accounting of the disclosures we make of your health information, except for those made with your permission and those related to treatment, payment, our health care operations, and certain other purposes. Your request must include a timeframe for the accounting, which must be within the six years prior to your request. The first accounting is no charge, but a fee will apply if more than one request is made in a 12-month period. *
- **Right to a Paper Copy of Notice** You have the right to receive a paper copy of this Notice. You may obtain a paper copy by contacting the Your Story Counseling Services, LLC office or making an in-person request.

To exercise any of the rights described in this paragraph, please contact the Your Story Counseling Services, LLC. To exercise rights marked with a star (*), your request must be made in writing. Please contact us if you need assistance.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. The effective date of each Notice is listed above.

TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Your Story Counseling Services, LLC (see above) or with the Secretary of the Department of Health and Human Services. To file a complaint with Your Story Counseling Services, LLC, contact us directly. You will not be retaliated against for filing a complaint. If you wish to file a complaint with the Secretary you may send the complaint to: Office for Civil Rights, U.S. Department of Health and Human Services, Attn: Regional Manager 233 N Michigan Ave, Ste 240, Chicago, IL 60601.