



# Notice of Privacy Practices

Effective: July 20, 2007

This notice describes how medical and mental health information about you may be used, disclosed, and how you can get access to this information. Please review it carefully.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. In the event that the Notice is changed a new notice will be sent to you by mail or at the time of your next appointment. You may request a copy of our Notice at any time.

## Uses and Disclosures of Protected Health Information

You will be asked to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment, payment, and health care operations by signing the consent form, this agency will use or disclose your protected health information as described below. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

- 1. Treatment:** We may use and disclose, as needed, your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.
- 2. Payment:** We may use and disclose, as needed, your health information to obtain payment for services we provide to you. This may include certain activities that your insurance plan may undertake before it approves or pays for the mental health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you and undertaking utilization review activities.
- 3. Healthcare Operations:** We may use and disclose, as needed, your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of mental healthcare professionals, evaluating practitioner and provider performance, employee review activities, conducting training programs, accreditation, certification, licensing or credentialing activities, and conducting or arranging for other business activities.
- 4. Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. If this occurs, the agency will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.
- 5. Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- 6. Public Health:** We may disclose your protected health information for public health activities and purposes, to a public health authority that is permitted by law to collect or receive this information.
- 7. Health Oversight:** We may disclose your protected health information to a health oversight agency such as DHHS for activities authorized by law, such as audits, investigations, and inspections.
- 8. Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- 9. Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.
- 10. Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes such as in response to a court order, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct at the agency; and in emergency circumstances to report a crime, the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- 11. Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This includes the duty to warn any individual who is believed to be at imminent risk of harm as a result of a credible threat made by any person served at this agency. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- 12. National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or client under certain circumstances.

13. **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).
14. **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.
15. **Business Associates:** We may disclose your protected health information to Business Associates independent of the agency with whom we contract to provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your protected health information. For example, we may contract with a company outside of the agency to provide medical transcription services for the agency, or to provide collection service for past due accounts.
16. **Health Related Benefits and Services:** We may use and disclose your protected health information to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.
17. **Individuals Involved in Your Care or Payment for Your Care:** Client records, including protected health information (PHI), will not be released to other individuals, entities, or agencies except as authorized by the consumer or specifically permitted by law including public health, in emergencies affecting life or safety, judicial and administrative proceedings, law enforcement, oversight of the system, including quality assurance activities, government health data systems, research, for identification of the body of a deceased person for the cause of death, in other situations where the use of disclosure is mandated by other laws, to meet the requirements of state law that child/elderly abuse be reported, or in the event the consumer presents a danger to themselves or to others.
18. **Military:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
19. **Workers Compensation:** We may release protected health information about you for workers' compensation or similar programs as authorized by state laws. These programs provide benefits for work-related injuries or illness.
20. **Protective Services for President and Others:** We may disclose protected health information about you to authorize federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

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## Questions and Complaints

If you believe your privacy rights have been violated, you may file a written complaint with this agency or with the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer of your complaint. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

You may contact our Privacy Officer below for further information about the complaint process.

Privacy Officer: Linda Gillispie  
Marie Detty Youth & Family Services Center  
1076 W. Maple, Oklahoma 73533  
Phone Number: 580-606-6719  
E-Mail: [lindal@mariedetty.com](mailto:lindal@mariedetty.com)

You may file a complaint with the Secretary of the Department of Health and Human Services. The phone number is 214-767-0432. The complaint to the Secretary must be filed within 180 days of when you knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint, and describe the acts of omissions believed to be in violation of the standards.

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## Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency and on the facility website. The notice will contain on the first page, near the top, the effective date. In addition, each time you register at the agency for treatment or health care services, we will make available to you a copy of the current notice in effect.

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## Authorization for Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected 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 authorization, and that we are required to retain our records of the care that we provided to you.

# Client Rights

## **Access:**

You have the right to inspect and copy your protected health information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must submit your request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies, we will charge you 25 cents for each page, and \$10.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Understanding what is in your mental health record and how your mental health information is used help you to:

- Ensure its accuracy and completeness
- Understand who, what, where, why, and how others may access your mental health information
- Make informed decisions about authorizing disclosure to others
- Better understand your rights as detailed in this packet.

## **Restriction:**

You have the right to request a restriction of your protected health information. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If we agree to the additional restrictions we will abide by our agreement (except in an emergency and the exceptions stated above).

## **Alternative Communication:**

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make your request in writing. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

## **Amendment Request:**

You have the right to request that we amend your protected health information. Your request must be in writing and explain why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

## **Disclosure Accounting:**

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices.

## **Notice:**

You have the right to obtain a paper copy of this notice from us upon request.

# Our Responsibility

In addition to providing you your rights, as detailed in the packet, the federal privacy standard requires us to take the following measures:

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 this notice as to our legal duties and privacy practices with respond to your individually identifiable health information that we collect and maintain about you.
3. Abide by the terms of this notice
4. Train our personnel concerning privacy and confidentiality.
5. Implement a sanctions 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.
7. We will not use or disclose your health information without your consent or authorization, except as described in this packet or otherwise required by law.
8. If you are covered by health insurance which is being used to pay for your services and you for services in full, Marie Detty agrees not to reveal your protected health information to the insurance provider at that time.
9. Should there be a breach of unsecured Protected Health Information, Marie Detty is legally required to notify individuals affected by the breach.

