



NOTICE OF POLICIES AND PRIVACY PRACTICES

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

PLEASE REVIEW THIS NOTICE CAREFULLY.

Welcome to **Spectra Support Services, LLC** (referred to herein as “we”). We hope that we can give you the kind of support and help that you are seeking. This notice describes how we will use your protected health information and how you can access this information. The term “you” will refer to herein as **the client** receiving services and/or **the person** receiving services to whom **you legally represent** (i.e. your child).

Your health record contains personal information about your health. This information about you may identify you as it relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This “Notice of Policies and Privacy Practices” describes how we may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this “Notice of Policies and Privacy Practices”. We reserve the right to change the terms of our “Notice of Policies and Privacy Practices” at any time. Any new “Notice of Policies and Privacy Practices” will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised “Notice of Policies and Privacy Practices” by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment. We may use your PHI through the following activities; however, we will first obtain your consent.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. We may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

For Payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking



utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

Required by Law: Under the law, we must disclose your PHI to you upon your request. Please note, there are special circumstances for disclosing portions of PHI for juveniles between the ages of 14 and 18. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Verbal Permission: We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization. We may deny your access to PHI under certain circumstances, but in some cases, this decision may be reviewed.

YOUR RIGHTS

Right of Access to Inspect and Copy: You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.

Right to Amend: If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.



Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

Breach Notification: If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice: You have the right to a copy of this notice.

WITHOUT AUTHORIZATION

The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. Since all or our work is overseen by a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPAA.

Child Abuse or Neglect: We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings: We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients: We may disclose PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate.

Medical Emergencies: We may use or disclose your protected health information in a medical emergency situation to medical personnel only in order to prevent serious



harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care: We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight: If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement: We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions: We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health: If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety: We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research: PHI may only be disclosed after a special approval process.

ADDITIONAL AUTHORIZATIONS

We will require a separate authorization from you for disclosures that occur beyond the general consent for treatment, payment, and health care operations. We will obtain an



authorization from you prior to releasing any information that goes outside of these general purposes. Included in this level of privacy is your psychotherapy notes (session notes made by your therapist) which is kept separate from the rest of your record as these notes receive a greater degree of protection.

REVOKING YOUR AUTHORIZATION

You may revoke an authorization at any time by providing us with a revocation in writing. You may not revoke an authorization in the event that 1) we relied on that authorization or 2) the authorization was obtained as a condition of obtaining insurance coverage which then provides the insurer the right to contest the claim under the policy.

YOUR RIGHTS AND RESPONSIBILITIES

When you receives service from Spectra Support Services, LLC you have the right to:

- receive high-quality service.
- be treated with respect and courtesy.
- have your information kept private and confidential except as described in Spectra Support Services, LLC "Notice of Policies and Privacy Practices".
- be listened to and have staff work with you to make a plan to address your concerns and needs.
- receive service in offices that are safe, clean and accessible.
- get information and support to help you make decisions to improve your situation
- be served without discrimination.
- discuss your service with staff to identify if it is working for you and express any questions or complaints that you may have.
- request a change of staff member if there is another staff person available who can address your issues and your request is reasonable.
- file a grievance at any time. A ["Service User/Complaint Grievance Form"](#) is included in this packet, or request a form from any staff member, or contact our Privacy Officer Patricia Gonzalez, LPC with your concerns.

COMPLAINT/GRIEVANCE PROCESS

You have the right to file a complaint if you believe we violated your rights. We will not retaliate against you for exercising your right. You have the right to file a complaint in writing with our Privacy Officer or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

Spectra Support Services, LLC offers a formal Service User Complaint/Grievance Process:

- Service Users and/or their caregivers and advocates are encouraged to share all concerns directly with the staff member providing the service. This can be done verbally, by telephone, or in writing. A complaint form and explanation of the complaint/grievance process are provided during the intake process. Spectra



Support Services, LLC makes sure that the Service User and family members understand their rights. If accommodations (e.g., large print, language/ASL interpreter) are needed to assure comprehension, Spectra Support Services, LLC will seek to provide such assistance.

- Service Users or their advocates may also download the Service User Complaint form directly from the agency website or receive a hard copy from any staff member.
- These forms can be handed to any staff person, called-in by phone to the agency main number 484-450-6476 or faxed confidentially to 484-224-3398. E-mail is not recommended because of confidentiality and security issues.
- Should the Service User need assistance with filing a complaint for any reason, they may request assistance at any time from one of the agency's social workers.

WHAT SPECTRA ASKS OF YOU

- Treat the staff and others at Spectra Support Services, LLC with courtesy and respect.
- Let Spectra Support Services, LLC know 24 hours before if you cannot come to an appointment.
- Inform staff members before terminating treatment so we can work with you to develop an appropriate discharge plan.

PRIVACY OFFICER

Contact our privacy officer if you have questions about this notice, disagree with a decision made regarding access to your records, have concerns about your privacy rights, or wish to file a grievance. The Privacy Officer for Spectra Support Services, LLC is Patricia Gonzalez who can be contacted at privacy@spectrapa.com, or 484-450-6476, extension 701.

THE EFFECTIVE DATE OF THIS NOTICE IS MARCH 2012.