



Notice of Privacy Practices

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a rule, we will disclose no information about you, or the fact that you are our client, without your written consent. Our formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, to insurance companies for payment on your claims. You may revoke your permission, in writing, at any time, by contacting our office.

II. Limits of Confidentiality

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality –some because of policies in this office, and some required by law. If you wish to receive mental health services from us, you must sign the attached form indicating that you understand and accept our policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

We may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

- **Emergency:** If you are involved in a life-threatening emergency and we cannot ask your permission, we will share information if we believe you would have wanted us to do so, or if we believe it will be helpful to you.
- **Child Abuse Reporting:** If we have reason to suspect that a child is abused or neglected, we are required by Michigan law to report the matter immediately to the Michigan Department of Health and Human Services.
- **Adult Abuse Reporting:** If we have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, we are required by Michigan law to immediately make a

report and provide relevant information to the Michigan Department of Health and Human Services.

- **Court Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information unless you provide written authorization, or a judge issues a court order. If we receive a subpoena for records or testimony, we will notify you so you can file a motion to quash (block) the subpoena. However, while awaiting the judge's decision, we are required to place said records in a sealed envelope and provide them to the Clerk of Court.
- **Serious Threat to Health or Safety:** Under Michigan law, if we are engaged in my professional duties and you communicate to us a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we are legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By our own policy, we may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, we can be required to provide your records to the magistrate, your attorney or guardian ad litem, or a law enforcement officer, whether you are a minor or an adult.
- **Workers Compensation:** If you file a worker's compensation claim, we are required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
- **Records of Minors:** In Michigan, a minor age 14 or older may request and receive up to 12 Outpatient sessions or four (4) months of Outpatient Counseling without parental consent. Information may be given to a parent, guardian or person in loco parentis for a compelling reason based on a substantial probability of harm to the minor or to another individual; mental health professional must notify minor of his/her intent to inform parent.
- *Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.*

III. Patient's Rights and Provider's Duties:

· **Right to Request Restrictions**-You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. If you ask us to disclose information to another party, you may request that we limit the information we disclose. However, we are not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell us: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.

· **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen here. Upon your request, we will send your bills to another address. You may also request that we contact you only at work, or that we do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

· **Right to an Accounting of Disclosures** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, we will discuss with you the details of the accounting process.

· **Right to Inspect and Copy** – In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, we will charge a fee for the costs of copying and mailing. We may deny your request to inspect and copy in some circumstances. We may refuse to provide you with access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

· **Right to Amend** – If you feel that protected health information, we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing, and submitted to your therapist. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that: 1) was not created by us; 2) is not part of the medical information kept by us; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

· **Right to a copy of this notice** – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Changes to this notice: we reserve the right to change our policies and/or to change this notice, and to make the changed notice effective for medical information we already have about you as well as any information we receive in the future. A new copy will be given to you and/or we will have copies of the current notice available on request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to our office. You may also send a written complaint to the Department of Health and Human Services.

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Patient's Acknowledgement of receipt of Notice of Privacy Practices.

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of New Direction Counseling Center's Notice of Privacy Practices.

I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature of Client/Guardian:

Printed Name of Client/Guardian:

Date: _____