



Client's Full Name _____

Date of Birth _____

NOTICE OF PRIVACY PRACTICES

Purpose

This notice describes how health information about the client may be used and disclosed and how the client can get access to this information. Please review it carefully.

Health information about each client is contained in our electronic health record, but the information belongs to the client. This notice will help the client understand how THE MENTAL HEALTH STOP protects the privacy of client's health information and how to complain if the client believes their privacy rights have been violated.

How We Protect the Privacy of Your Health Information

Whenever possible, THE MENTAL HEALTH STOP uses or shares health information that does not identify the client. We have policies and procedures to protect the privacy of health information that does identify the client. We train and to educate our staff members and others about our privacy policies. A client's health information is only used or shared for our business purposes or as otherwise required or allowed by law. When a service involving a client's health information is being performed by a third party, we require a written agreement with them to protect the privacy of client's health information.

Our Responsibilities

- We are required by law to maintain the privacy of client's health information.
- We are required to provide clients, with this Notice that describes our legal duties and privacy practices regarding health information.
- We have a legal duty to notify clients, and clients have a right to know when their protected health information has been inappropriately accessed, used, or disclosed as a result of a breach.
- We must follow the terms of the most current Notice of Privacy Practices, and are required to ask you for a written acknowledgement that you received a copy.

Client Health Information Rights

Clients have rights with respect to their protected health information. The health information rights described in this Notice also apply to a person with legal authority to make health care decisions for a child or other person (for example, a parent or legal guardian). There are exceptions. For example, in New Mexico some behavioral health services can be provided to a minor without the consent of a parent, guardian or other person. In these cases, the minor has the rights described in this Notice for health information related to the behavioral health service provided. Some of the rights described here are subject to certain limitations and conditions.

Right to See and Get a Copy of Health Information: Clients have the right to see and get a copy of their health information. A client must make a request in writing to see or get a copy of their health information.

Right to Amend Incorrect or Incomplete Health Information: We strive to ensure that health information kept in our records is accurate and complete. However, occasionally a mistake can occur. Clients have the right to request that we change incorrect or incomplete health information in our records. We may deny your request if appropriate.

Right to Request Confidential Communications: Clients have the right to request that we deliver health information to a client in a certain way or at a certain location. We must agree to a reasonable request or may deny your request if it is against the law or our policies.

Right to Request Restrictions of the Use or Disclosure of Your Health Information: Clients have the right to request that their health information is not used or shared for certain purposes. We are not required to agree to a client's request except if required by law. We must tell the client if we cannot agree to their request.

Right to Request a List of Disclosures: The client has the right to request a list of disclosures. This report will show when their health information was shared by us outside of our organization without their written authorization.

Right to Receive a Paper Copy of this Notice: A client has a right to receive a paper copy of this Notice, even if they also agreed to receive it electronically.

When Health Information Can Be Used Or Shared Without A Written Authorization:

For Treatment: We use and share client's health information to provide medical treatment to the client by our clinicians and paraprofessionals.

For Payment: We use and share the client's health information in order to receive or facilitate payment for the treatment and services provided to the client.



For Behavioral Health Care Operations: We use and share health information in order to operate our business and deliver quality care and services to our clients.

Required by Law: We will use and share client's health information when required by federal, state or local law.

Emergency Situations: We will use professional judgment to decide if sharing your health information is in the best interest of the client during a health or psychiatric emergency or if the client is incapacitated.

Public Health Activities: We share client health information with public health authorities to ensure the public welfare.

Health Oversight Entities: A client's health information may be shared with health oversight entities that have authority to monitor our activities.

Legal and Administrative Proceedings: A client's health information may be shared as part of an administrative or legal proceeding.

Law Enforcement: If a law enforcement official requests, we may share only very limited health information.

Public Safety: A client's health information may be shared to prevent or lessen a serious and immediate threat to the health or safety of self or others, especially in the cases of suicidal and homicidal ideation, intent and/or plan.

Special Government Functions: A client's health information may be shared with federal officials for national security purposes authorized by law.

Correctional Institutions: If a client is an inmate, their health information may be shared with correctional institutions or law enforcement officials in order to protect the client's health, or the health and safety of others.

Worker's Compensation: A client's health information may be used or shared as required by worker's compensation laws.

Change of Ownership: If THE MENTAL HEALTH STOP is sold or merged with another organization, records that contain a client's health information will become the property of the new owner.

When a Written Authorization Is Required To Use or Share Health Information

We will not use or share a client's health information without a client's written authorization unless required by law or as described in this Notice of Privacy Practices. A client may cancel an authorization in writing at any time, except to the extent we have already taken action according to the authorization.

Marketing: We do not use or share client health information for marketing purposes without a written authorization from the client. There are two exceptions that are permitted: when we have a face-to-face conversation with the client or when we give a client a promotional gift of little or no monetary value. If a marketing activity would involve any direct or indirect remuneration to us from a third party, the written authorization the client would be asked to sign will state that fact.

Research: With a client's written authorization, we may share client health information with researchers conducting research that has been approved by THE MENTAL HEALTH STOP.

Sale of Protected Health Information: We do not sell client health information to anyone.

The Mental Health Stop's Right to Change This Privacy Notice

THE MENTAL HEALTH STOP reserves the right to change the privacy practices described in this Notice of Privacy Practices at any time. If the terms of this Notice should change, we will publish a new Notice and post it in our office and on our web site. It will be given to the client upon request and as required by law. The terms described in the new Notice will apply to all health information maintained by THE MENTAL HEALTH STOP and its staff members that share this Notice.

A client may obtain an electronic copy of this Notice from our web site at www.mentalhealthme.com

Filing a Complaint

To file a complaint about our privacy practices contact THE MENTAL HEALTH STOP to complete a Privacy Complaint form. One of the Chief Executive Officers will contact the person making the complaint in a reasonable timeframe.

Acknowledgement

By signing below, the client indicates that they have reviewed this NOTICE OF PRIVACY PRACTICES and understands how a client's health information may be used and disclosed and how they can get access to this information and file a complaint.

Client's Signature

Date