**Notice of Privacy Practices & Client Rights**

**Stephanie Reeves, M.Ed, LCPC**

**Paper Cranes Therapy, LLC**

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office, whether made by your personal therapist or others working in this office. This notice will inform you about the ways we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

**We are required by law to:**

* Make sure that health information that identifies you is kept private.
* Give you this notice of our legal duties and privacy practices with respect to health information about you.
* Follow the terms of the Notice of Privacy Practices that is currently in effect.

**How we may use and disclose health information about you:**

* For treatment
* For payment
* For health care operations
* For appointment reminders
* Child Protective reporting requirements (by law)
* As required by law
* Public Health risks
* Health oversight activities
* Lawsuits and disputes
* Law enforcement
* Coroners, health examiners and funeral directors
* To avert a serious threat to health and safety
* National Security
* Inmates
* Workers’ Compensation

**Your right regarding health information about you:**

* Right to inspect and copy
* Right to amend
* Right to an accounting of disclosures
* Right to request restrictions
* Right to request confidential communications
* Right to a paper copy of this notice (*full notice is available upon request)*

**Changes to Notice of Privacy Practices:**

We reserve the right to change this notice. We will post a copy of the current notice in our facility with the current effective date on the first page.

**Complaints:**

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please contact Stephanie Reeves, M.Ed., LCPC. at Paper Cranes Therapy, LLC.

**Acknowledgment of Receipt of this Notice:**

We will request that you sign a separate form acknowledging you have received a copy of this notice. This acknowledgment will become part of your records.

**Client Rights:**

**Every person receiving services from Stephanie Reeves, M.Ed, LCPC have the right to:**

1. Humane care and treatment
2. Not to be put in isolation
3. Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others. (*Stephanie Reeves, LCPC will not use restraints of any kind to include holds; we will contact the parent and either law enforcement or medical support if needed)*
4. Be free of mental and physical abuse
5. Communicate by telephone or otherwise as to have access to private area to make telephone calls and receive visitors (*as deemed appropriate by the parent/guardian)*
6. Receive visitors at all reasonable times and to associate free with person of his own choice (*as deemed appropriate by the parent/ guardian)*
7. Voice grievances and to recommend changes in policies or services being offered
8. Practice his own religion
9. Wear his own clothing and to retain and use personal possessions
10. Be informed of his medical habilitative condition, of services available at the agency and the charges for the services
11. Reasonable access to all records concerning himself
12. Refuse services
13. Exercise all civil rights, unless limited by prior court order
14. Privacy and confidentiality
15. Be treated in a courteous manner
16. Receive a response for the agency to any request made within a reasonable time frame
17. Receive services which enhance the participant’s social image and personal competencies and, whenever possible promote inclusion in the community
18. Refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage must consistent with state and federal law
19. Review the results of the most recent survey conducted by the Department and the accompanying plan of correction
20. All other rights established by law
21. Be protected from harm
22. The client will be given written copy of rights and HIPAA however if the consumer does not understand the written form, a verbal explanation will be provided. **Requesting Records**

(a) If a consumer would like to request their own records it must be in writing. Stephanie Reeves, LCPC, will then have one week to set up an appointment for record viewing. **Grievance & Appeal Procedures**

1. Any parent or client who has a grievance about program services has the right to have direct access to the supervisor of the program. The supervisor will then have direct contact with staff involved and a corrective action will be taken and documented in the clients file. This must take place within 7 business days of the compliant being filed. After corrective action, the supervisor will do follow up communication with parent/client which will take place within 1 week of corrective action.
2. Any parent or client who has a grievance about the agency, supervisors, or unethical practices has the right to contact the Department of Health and Welfare and the following numbers:
   1. Developmental Disabilities – ACCESS Unit

Department of Health and Welfare

Sandpoint, Idaho

* + 1. 265-4523
  1. PSR Services

Department of Health and Welfare

Coeur d’Alene, Idaho

* + 1. 769-1515 ext 327
  1. Clinic Services

Board of Licensed Clinical Social Workers

Boise, Idaho

Board of Licensed Clinical Professional Counselors

Boise, Idaho

1. Medicaid clients have a right to a hearing any time a decision is made that substantially affects benefits. The applicant or recipient has a right to be represented by legal counsel or any spokesperson he chooses to designate. The client or his representative must request a hearing in writing and include the following information:
   * 1. Copy of the decision with which the applicant or client disagrees
     2. Applicant or client name
     3. Address and phone number
     4. Reasons for challenging the Department's decision
     5. Remedy requested

Hearing requests must be turned in or mailed to the address below:

Hearings Coordinator

Department of Health and Welfare

P. O. Box 83720

450 West State, 10th Floor Boise, ID 83720-0036

1. The Idaho Department of Health and Welfare will provide a hearing request form when requested by the recipient or a representative. The request for a hearing must be submitted within twenty eight (28) days from the date the notice of decision was mailed by the Department. The Hearing Officer will notify the recipient or representative of the date, time, and place of the hearing at least ten (10) days before the scheduled hearing, unless the Hearing Officer finds good cause for shorter notice. Hearing rights and procedures relating to hearings are found at IDAPA 16.05.03, Rules Governing Contested Case Proceedings and Declaratory Rulings.

**Stephanie Reeves, M.Ed, LCPC**

**120 E. Lake Street, Suite 305**

**Sandpoint, ID 83864 208-719-1854**

**Acknowledgment of Notice of Privacy Practices & Client Rights**

I have received a copy of the Notice of Privacy Practices & Client Rights packet from Stephanie Reeves, M.Ed, LCPC . I understand that a longer version is available to me by request. also acknowledge that a verbal explanation was provided to me about my rights as a client.

[ ] I have read the Notice of Privacy Practices

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Patient or Legal Guardian Signature Date