

Delphi Mental Health Consumer Rights Privacy Notice

- To receive psychosocial treatment including a written treatment plan for services.
- To be advised of or have consumer and/or family of a minor advised of the treatment plan, goals, risks, and benefits, and any other plans that could be used in your treatment.
- To look at written records.
- To request an accounting of disclosures of protected health information (PHI)
- To request restriction on sharing of protected health information (PHI)
- To refuse, or minors to have the parent/guardian refuse, treatment.
- To discuss status and progress of treatment at least every three months.
- To receive services equally regardless of race, color, religion, sexual orientation, or national origin.
- Parents have the right to information regarding their children's treatment, regardless of custody and visitation arrangements. Information regarding an individual parent's treatment is not shared without a release.
- To be advised of your rights.

INFORMATION REGARDING DELPHI MENTAL HEALTH OUTPATIENT SERVICES.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!

Privacy Practices

We are required by federal law to maintain the privacy of your health information. This notice provides you with information on the Privacy Practices we have adopted to maintain the privacy of your health information. We reserve the right to change our privacy practices. If we make a change, it will be in compliance with applicable laws that govern the protection of your privacy. You may request a copy of our privacy notice at any time. A privacy officer is named at the end of this notice. Please contact the privacy officer if you have further questions about our policies.

Use and Disclosure – Your Protected Health Information and Our Policies:

Although Federal privacy laws have changed, the policy of Delphi Mental Health is to follow the more restrictive guidelines (NRS 433A.360) of the Division of Mental Health and Developmental Services.

We use and disclose health information about you to other treatment providers for treatment purposes and for healthcare operations.

Treatment: We use your information and we may disclose your information to other healthcare providers that provide treatment to you. For example, your counselor, social worker and/or educator may discuss your treatment with your pharmacist to facilitate your care.

Operations: We may disclose and/or use health information for purposes of healthcare operations which can include audits by regulatory agencies and other authorized agencies, assessment activities of our business and how it operates, to maintain and manage our healthcare systems that are used in our business, to review the qualification and competence of our employees or other healthcare providers, evaluating performance, for purposes of accreditation or certification, for training and for other healthcare operations that must be conducted in order for us to operate our business and provide healthcare for you.

Authorization for use of health information: In addition to the use of your information for purposes of treatment, payment and operations, we also may obtain your authorization to disclose your protected health information to others. If you give us written authorization to disclose your information, you may revoke that permission at any time, in writing, by delivering a copy of the revocation to us. The revocation is only effective after we have received it and does not apply to information disclosed pursuant to the authorization prior to our receiving your revocation notice. We will not disclose your protected health information, except for the reasons set forth in this notice and unless such disclosure is incidental or made pursuant to applicable federal and/or state law, unless we have your written authorization to do so.

Incidental Disclosure: If a family member or friend is present and we are discussing your health information with them, you understand that such discussions are made with your permission. We will ask you for your permission if such a situation exists.

Persons Treating you or providing care or services for you: Our company may use or disclose information to notify or assist in the location and/or notification of your family member, your personal representative or any other person responsible for your care and general condition. If you are present, then prior to the use or disclosure of your protected health information, you have the opportunity to object by telling us you do not want the information disclosed to the third party. In the event of an emergency or your incapacity, we will disclose information based on our professional judgment. The information we disclose will be limited to that information directly related to your treatment in the particular circumstance.

Marketing: We will not use your health information for marketing communication without your written authorization.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders including voicemail messages, letters or postcards.

Abuse, Neglect and Other Related Circumstances: We may disclose your health information to appropriate authorities if we reasonably suspect or know of incidents of physical/sexual abuse and neglect of minor children, developmentally disabled adults, or elderly adults.

Legally required to Disclose: In certain circumstances, we may be required by law to disclose your protected health information. Such circumstances include:

If consumers threaten bodily harm or death to themselves, mental health providers are required to try to persuade them not to do so, and if consumers do not convince the mental health provider that they will protect themselves, the appropriate person(s), or agencies, will be informed of their self-destructive intentions.

If consumers threaten bodily harm or death to another person, mental health providers are required to inform the intended victim and the appropriate law enforcement and social services agencies.

A judge may issue a court order to have records provided for the court. Mental health providers may be required to provide the information specifically described in the court order.

YOUR RIGHTS TO VIEW, COPY, AMEND AND OTHERWISE ACCESS YOUR HEALTH INFORMATION:

You have the right to look at or get copies of your protected health information, with some limited exceptions. You may ask us to provide photocopies or to provide your information in other formats. We will provide in a format other than photocopies when we reasonably and practically can do so. You must request in writing that we provide this information to you. We may seek further information from you to ensure that you are the actual person requesting the information and that it is not being requested by an unauthorized person. You should address your request to the contact officer named below. If you request copies, we may charge you up to \$.60 per page. You will also be charged for postage if you request that we send the information to you. You may also visit our office to view and copy your information. The same copying and postage charges apply. If you request that we provide the information in an alternative format that we can reasonably and practically accommodate, you will be charged for the time and materials required to prepare and deliver the information. Our policies provide for 30 days for us to comply with your request.

You also have the right to request that we place additional restrictions on how your protected health information is used or disclosed. We may or may not agree to these restrictions. For your protection, you should provide these requests in writing to our company. If we do agree to the requests, we will notify you in writing of our agreement to the requests and will abide by them (except in emergency circumstances).

You also have the right to receive a list of instances in which we and our business associates disclosed your information for purposes, other than treatment, payment and healthcare operation and certain activities, for the last 6 (six) years. We will begin accounting for this information on January 1, 2010 and you will be able to receive the disclosure history, as described above, from that date forward. If you request this accounting more than once in any 12-month period, we will charge you a reasonable, cost-based fee for responding to these additional requests. Our policies provide for reasonable period of time for us to comply with your request.

You have the right to request that we amend your health information (your request must be in writing and you must explain why you want the information amended). We may deny your request under certain circumstances. If you have received this notice electronically, you may request that we provide you with a written copy. You are entitled to receive this notice in written form. You have the right to ask us to communicate with you in an alternative manner and in different locations. You must make your request in writing. Your request must specify the alternative manner and locations and must explain how your payments will be handled considering the requests.

COMPLAINTS AND QUESTIONS YOU MAY HAVE ABOUT THIS NOTICE AND THE RIGHTS DESCRIBED HEREIN:

If you have additional questions or want more information about our privacy practices, you may contact Margaret Davidson in writing at 1489 W. Warm Springs Rd. Suite 110 Henderson, NV 89014. Margaret Davidson is the Director of operations and can answer your questions about our policies and how they have been implemented in our company

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information, or in response to a request you have made based on your rights as explained in this notice, you may complain to the Director of operations.

We support your right to privacy as provided by the law. If you choose to complain, we will not retaliate in any manner. It is our policy to protect your information as described above.

CONSUMER DISSATISFACTION WITH SERVICE PROVIDER

Case Manager/Service Coordinator, Counselor, or Therapist.

Occasionally, a consumer (or guardian) and a mental health provider do not see eye-to-eye on treatment issues. When this happens, it is best for the consumer or guardian(s) to discuss the concern directly. If this does not help, the consumer or guardian(s) may address the concern with the provider's supervisor or program director for assistance in resolving the problem.

Consumers have the right to receive a referral to available alternative services outside of the agency should they so desire. Consumers also have the right to request a change of service providers within the agency if multiple providers are available. Consumers are free to select any Medicaid or Commercial service provider available and will not be restricted from exercising this right.

EMERGENCIES

Agency hours for Psychosocial and Supportive Services are 9:00 a.m. to 5:00 p.m. Monday through Friday excluding holidays. In the case of serious and/or life-threatening emergencies occurring after hours, weekends, or holidays please call your local emergency rescue service by dialing 911.

ILLNESS OR VACATION

When the counselor, social worker or educator is ill, the consumer and/or the family/guardian of a minor will be notified at their home, work place, or a message phone as soon as possible. Your appointment will be rescheduled for the next available appointment conducive to your schedule. If the therapist is on vacation or out for extended illness, the consumer and/or family/guardian of a minor may contact Delphi Mental Health for further assistance.

CONSUMER RESPONSIBILITIES

Consumer and/or families/guardian of minors are asked to cancel appointments they are unable to keep as early as possible, providing minimally 24 hours’ notice. Consumers are asked to call service provider as soon as possible if they will be late for an appointment.

CONSENT FOR TREATMENT

I understand that as a consumer of Delphi Mental Health, I have the right to appropriate psychosocial care, treatment, and training. I have the right to explanation of the nature and consequences of the treatment plan, the reasonable risks and benefits of the treatment plan, and alternate procedures that may be available and/or appropriate.

I, the consumer, have the responsibility to work towards goals defined in concert with Delphi Mental Health. I agree to participate in the assessment and treatment planning process as long as I remain with Delphi Mental Health. I understand that I may withdraw my consent to treatment at any time.

I have received a copy of the Delphi Mental Health’s Notice of Privacy/Consumer Rights Statement and I am giving consent for treatment.

Name of Client: _____
PLEASE PRINT

Consumer or Parent/Guardian (Signature) Date

Consumer of Parent/Guardian (Please Print) Date

Mental Health Provider (Signature) Date

Mental Health Provider (Please Print) Date