

## PRIVACY PRACTICES NOTICE (HIPAA – FEDERAL LAW)

### INTRODUCTION

This notice contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a Federal Law that provides privacy protections and patient rights with regard to the use and disclosure of a patient's Protected Health Information (PHI). Serenity First Counseling is dedicated to maintaining the privacy of your Personal Health Information as a part of providing professional care and are required by law to keep your information private. The Federal Law requires that Serenity First Counseling obtain each patient's signature acknowledging that we have provided him/her with this information.

### PROTECTED HEALTH INFORMATION (PHI)

Protected Health Information (PHI) is any information that is collected about patient's health conditions, treatment or any information that could identify the patient. PHI includes any information – oral, recorded, written or sent electronically – and in this office PHI is likely to include but not limited to:

- Your personal history and demographic information
- Reasons you came in for counseling
- Diagnoses
- A treatment plan
- Progress notes
- Records we get from others who treated you or evaluated you
- Information about medications you took or are taking
- Billing and insurance information

The Law states that this information can only be used or disclosed if the patient signs a written authorization. There are other situations that require only that the patient provide written, advanced consent, and the patient's signature on this agreement provides that consent for those activities as outlined in this notice. If any disclosure is needed beyond what is listed in this notice, a client will be asked to sign a separate Release of Information form before any PHI is disclosed.

### USES OF PHI UNDER HIPAA

The HIPAA law allows for the following disclosures of a patient's PHI to an outside entity for the following purposes:

**Treatment:** Providing, coordinating or managing a patient's health care and other services related to your healthcare. For example, coordinating care with your Primary Care Physician.

**Payment:** Obtaining reimbursement for a patient's healthcare or billing a client for services rendered. For example, disclosing PHI to obtain payment for services or to verify a patient's insurance eligibility and coverage.

**Health Care Operations:** Activities that relate to the performance and operations of our practice. For example, quality assessment and improvement activities, audits, administrative services and clinical peer review.

### LIMITS OF CONFIDENTIALITY

- If a therapist believes that a child has been the victim of injury, abuse, neglect or deprivation of necessary medical treatment, the law requires that the therapist report it to the proper law enforcement authority. Once such report is filed the therapist may be required to provide additional PHI information.
- If the therapist believes that any adult patient who is either vulnerable and/or incapacitated has been the victim of abuse, neglect, or financial exploitation, the law requires that a report with the appropriate state official be filed. Once such a report is filed, the therapist may be required to disclose additional PHI.
- If a patient communicates an explicit threat of imminent, serious or physical harm, to a clearly identified or identifiable victim, and the therapist believes that the patient has the intent and ability to carry out such a threat, the therapist must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. Additionally, if the patient threatens to harm him/herself the therapist may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- A therapist may occasionally find it helpful to consult with other healthcare and mental health professionals about a case. During a consultation, every effort will be made to avoid revealing the identity of a patient. The other professionals are also legally bound to keep the information confidential. The therapist will note all consultations in the patient's Clinical Record.
- If a government agency is requesting information for health oversight activities, a therapist may be required to provide it for them.

- If a patient files a complaint or a lawsuit against a therapist, relevant information regarding that patient may be disclosed in order to defend against the suit or complaint.
- If a patient files a worker's compensation claim and a therapist is providing services related to that claim, the therapist must, upon appropriate request, provide appropriate reports to the Worker's Compensation Commission or the insurer.
- If the patient is involved in a court proceeding and a request is made for information concerning the professional services provided to them, such information is protected by the counselor-patient privilege law. A therapist cannot provide any information without the patient or their legal representative's written authorization, or a court order. If the patient is involved in or contemplating litigation, he/she should consult with their attorney to determine whether a court would be likely to order such disclosure.

**MINORS AND PARENTS**

Patients under 18 years of age, who are not emancipated, and their parents should be aware the law may allow parents to examine their child's records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes the therapist's policy to request an agreement from parents that they consent to give up access to their child's records. If they agree, during treatment the therapist will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. The therapist will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless the counselor feels that the child is in danger or is a danger to someone else, in which case the therapist will notify the parents of the concern. Before giving parents information, the therapist will discuss the matter with the child, if possible, and do his/her best to handle any objections the child may have.

**PATIENT RIGHTS**

HIPAA provides the patient with several expanded rights with regard to their Clinical Record and disclosure of Protected Health Information. These rights include:

- Patients have the right to request restrictions on specific uses and/or disclosures of their PHI. However, therapists are not required to agree to a restriction that a patient requests.
- Patients have the right to inspect and/or obtain a copy of PHI in mental health and billing records. Therapists may deny your access to PHI under certain circumstances.
- Patients have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Therapists may deny your request if they believe the original information is accurate.
- Patients have the right to request an accounting of disclosures that Serenity First Counseling's staff has made of your PHI. Some exceptions do apply.
- Patients have the right to determine the manner and location to which PHI is sent. This includes appointment reminders and billing statements. (For example, calling a patient on a mobile number instead of at a work number or home number or to have billing statements emailed instead of sent via USPS mail).
- Patient has a right to have any complaints about a therapist's policies and procedures recorded in their record.

If you have any questions about this notice or believe there has been a violation of disclosure of PHI you may contact our Privacy Officer/Office Manager at 520.398.7272.

By signing below I indicate that I have read the Privacy Practices Notice and understand the information contained and have been offered a copy of the Notice (it can be picked up in our office or is available on Serenity First Counseling's website).

\_\_\_\_\_  
PRINTED Client Name (Guardian if under 18)

\_\_\_\_\_  
SIGNATURE Client (Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED Client Name (Guardian if under 18)

\_\_\_\_\_  
SIGNATURE Client (Guardian if under 18)

\_\_\_\_\_  
Date