



## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### ***PLEASE REVIEW THIS NOTICE CAREFULLY***

Your health record contains personal information about you and your health. This information about you that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI).

This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of the Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy at any time. Any new Notice of Privacy Practices will not be effective for all PHI that we maintain at that time.

I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing you one at your next appointment.

### How I May Use and Disclose Health Information About You

For Treatment: Your PHI may be used and disclosed by those who are providing services for the purpose of providing, coordination, or managing your services. This includes consultation with a peer consult group by your clinician; in these cases, all identifying information will be withheld to protect your personal identity. We may disclose PHI to any other consultant only with your authorization.



For Payment: I may use and disclose PHI so that I can receive payment for the services provided to you. This will only be done with your authorization. Examples of payment-related activities are making a determination of eligibility for reviewing services provided to you with DPHHS, or undertaking utilization of review activities.

For Services Operations: I may use or disclose, as needed, your PHI in order to coordinate services. For training or teaching purposes PHI will be disclosed only with your authorization. Your PHI may be used to remind you of your appointments via mail or recorded answering machine messages based on your preferences on the communication consent form. A review of services between DPHHS and Mind Matters Counseling will occur during review of services provided as-needed. State Mental Health Services and Licensing have access to records to insure quality of care and services rendered.

Required by Law: Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the DPHHS for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigation (such as addiction counseling licensing board or the health department).
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen the threat, including the target of threat.



The following are the categories of uses and disclosures permitted by HIPAA without authorization:

Abuse and neglect, judicial and administrative proceedings, deceased persons, emergencies, family involvement in care, health oversight, law enforcement, national security, public health, and public safety (duty of warn)

Verbal Permission: I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

### Your Rights Regarding Your PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to your clinician.

- Right to Access to Inspect and Copy- You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. All records of services that are DPHHS funded are property of DPHHS-CFS Division. Requests for records will be directed to DPHHS-CFS division.
- Right to Amend- If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment.
- Right to an Accounting Disclosure- You have the right to request an accounting of certain disclosures that we make of your PHI.
- Right to Request Restrictions- You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.



- Right to Request Confidential Communication- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
  - Right to a Copy of this Notice- You have the right to a copy of this notice.
- Complaints

If you believe we have violated your privacy rights you have the right to file a complaint in writing with our Board President, or with the Secretary of Health and Human Services at 200 Independence Avenue S.W. Washington, DC, 20201 or by calling (202) 619-0257

#### Grievance Procedure

Mind Matters Counseling has established a grievance procedure and if you are dissatisfied with any action regarding services you may request a review of all actions taken in your case. If you feel your rights have been violated, please make a request to receive a copy of the Grievance procedure from your clinician.