

Notice of Centers for Family Change’s Policies and Practices to Protect the Privacy of Your Health Information

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

Effective Date: 4/14/2003

Centers for Family Change therapists only release information about you in accordance with state and federal laws. This notice describes our policies related to the use of Centers for Family Change’s records regarding your treatment.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Centers for Family Change may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *written authorization*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your treatment record that could identify you.
- “*Use*” applies only to activities within the Centers for Family Change, such as sharing, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the practice, such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

We may use or disclose PHI in the following instances:

- *Treatment*: in order to provide, coordinate, or manage your health care. Examples of this would include sharing information with others outside the practice that we are consulting with or referring you to, such as your family physician, another therapist, or a psychiatrist.
- *Payment*: in order to obtain insurance reimbursement for your healthcare. Examples of this would include disclosing your PHI to your health insurer to obtain reimbursement for your health care, prior approval for treatment services, or to determine eligibility or coverage.
- *Health Care Operations*: in order to coordinate and improve the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

II. Other Uses and Disclosures Requiring Authorization

The Centers for Family Change may also use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information

III. Your Right to Revoke Authorization

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your therapist has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

IV. Uses and Disclosures without Authorization

Centers for Family Change therapists may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this to the appropriate authorities.
- *Adult and Domestic Abuse* – If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- *Health Oversight Activities* – We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order or without your written consent. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If you communicate a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.
- *Worker's Compensation* – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

V. Patient's Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information (PHI) in your medical record. This request must be in writing. However, the practice is not required to agree to the restriction(s) you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in therapy). Upon your written request we will honor all reasonable requests to for alternative means of communication, for example sending your bills to another address. However, we cannot control the actions of others parties regarding their communications, including, but not limited to your insurance company.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of your Centers for Family Change medical record (or both). We may charge you a reasonable fee for record copying. On your request, your therapist will discuss with you the details of how to make such a request.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, your therapist will discuss with you the details of the amendment process.
- *Right to an Accounting* – You have the right to receive an accounting of disclosures of PHI, with the exception of information used for treatment, payment or health care operations, or that you gave us specific consent to release, or that we were required to release by law. To receive this information please contact the privacy officer. We will notify you of the cost involved. Requests must be for a specific time period, and can not be made for information released prior to 4/13/2003.
- *Notification of Change in Policy* – You have right to receive notification of any changes in the privacy policies and practices described in this notice. Centers for Family Change reserves the right to make such changes, based upon changes in State and Federal law, and the needs of the practice. We will provide you with written notice, either within session or by mail, of any changes in privacy practices or policy.
- *Questions and Complaints* - You have the right to direct any questions about your Privacy Rights or any concerns or complaints to the Centers for Family Change privacy officer. Please address any concerns, in writing, to our Oakbrook Terrace office, to the attention of Privacy Officer. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Office can provide you with the appropriate address upon request.

Centers for Family Change: Receipt of Privacy Rights

I, _____ was provided a copy of the Centers for Family Change Privacy Notice, and have had the opportunity to read and review this notice.

_____ Date: _____

_____ Date: _____

_____ Date: _____

Persons 11 and older

Parent or Guardian

Witnessed by: _____ Date: _____