**Notice of Information Practices Privacy Procedure**

**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.**

**Understanding your Records**

Each time you visit a hospital, physician or other health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is referred to as your patient record. At the Counseling Center of Ann Arbor your patient record serves as a:

• Basis for planning your care and treatment.

• Means of communication among the health professionals who contribute to your care.

• Legal document describing the care you received.

• Means by which you or a third-party payer can verify that you actually received the services billed for.

• Tool to assess the appropriateness and quality of care you received.

• Tool to improve quality of health care and achieve better patient outcomes.

• Means by which a third-party payer can decide whether to authorize payment for specific services.

Understanding what is in your patient record and how your health information is used helps you to:

• Ensure its accuracy and completeness

• Understand who, what, where, why and how others may access your health information

• Make informed decisions about authorizing disclosure to others

• Better understand the health information rights below.

**Your Rights Under the Federal Privacy Standard**

Although your patient records are the physical property of The Counseling Center of Ann Arbor, you do have certain rights with regard to the information contained therein. You have the right to:

 •Request restrictions on uses and disclosures of your health information for treatment, payment, and health care operations. Health care operations consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the Federal Privacy Standard, 164.502(a)(2)(i)(disclosures to you), 164.510(a)(for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring consent or an authorization). The latter uses and disclosures include, for example, those required by law. In those cases, you do not have a right to request restriction. Even in those cases where you do have the right to request restriction, we do not have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice.

•Requests for us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request.

 •Receive and keep a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our web site, http://counselingcenterofannarbor.com, if you access those copies, you nonetheless have a right to a hard copy on request. The law requires us to ask you to acknowledge receipt of your copy.

•Inspect and copy your health information upon request. If we grant access, we will tell you what, if anything, you have to do to get access.

 Note: This right is not absolute. In certain situations, such as if access would cause harm, we can deny access.

 **You do not have a right of access to the following:**

•Psychotherapy notes. Such notes comprise those that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.

 •Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

 •Any of your health information that is subject to the Clinical Laboratory Improvement

Amendments of 1988, 42 U.S.C.'263a, to the extent that the provision of access to the individual would be prohibited by law.

 •Information that was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

 **Note**: We reserve the right to charge a reasonable, cost-based fee for making copies.

 •Review all provider decisions to deny access to your record. These reviewable grounds for denial include:

 •When a licensed health care professional has determined, in the exercise of professional judgment that the access is reasonably likely to endanger the life or physical safety of the individual or another person.

 •When the protected health information makes reference to another person (other than a health

 care provider) and a licensed health care provider has determined, in exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.

 •The request is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

 **Note**: For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny access, we will explain why and what your rights are, including how to seek review.

 •Request amendment/correction of your health information. If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records(which we may rebut), and how you can complain to our Director, or to the Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it, and those you identify to us that you want to receive the corrected information.

 **Note**: We don't have to grant the request if:

•We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.

•The records are not available to you as discussed immediately above.

•The record is accurate and complete

•Obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment, and health care operations, or of protected health information about them. We must provide the accounting within 60 days. The accounting must include the date of each disclosure, name and address of the organization or person who received the protected health information, a brief description of the information disclosed, and a brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written authorization, or a copy of the written request for disclosures.

 **Note**: We do not need to provide an accounting for:

• Disclosures to or authorized by you.

• Disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations).

• Disclosures to the facility directory or to persons involved in your care or for other notification purposes as provided in HIPAA 164.510(uses and disclosure requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).

• National security or intelligence purposes under '164.512(k)(2)(disclosures not requiring consent, authorization, or an opportunity to object)

• Disclosures to correctional institutions or law enforcement officials under HIPAA164.512(k)(5)

(Disclosures not requiring consent, authorization, or an opportunity to object)

• Disclosures that occurred before April 14, 2003

 **Note**: The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

 •Revoke your consent or authorization to use or disclose health information, except to the extent that we have already taken action in reliance on the consent or authorization.

**Our Responsibilities Under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

 •Maintain the privacy of your health information, including implementing reasonable and appropriated physical, administrative, and technical safeguards to protect the information.

 •Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.

 •Abide by the terms of this notice

 •Train our personnel concerning privacy and confidentiality

 •Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto

 •Mitigate (lessen the harm of) any breach of privacy/confidentiality

**We reserve the right to change our practices and to make the new provisions effective for all individual identifiable health information we maintain. Should we change our information practices, we will mail a revised notice to the address you have supplied us.**

**We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.**

**How to get more Information or to Report a Problem**

If you have questions and/or would like additional information, you may contact either your therapist or the office staff at (734)761-7204 To report a problem anonymously you may leave a note addressed to the Privacy Officer in the green mailbox located next to the front door. Please be as specific as possible in your complaint without compromising your identity. There will be no retaliation against the person filing even if that person is identified. We will take appropriate action to ameliorate the problem and mitigate its effects.

**Examples of Disclosures for Treatment, Payment, and Health Operations**

**Treatment**

With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for treatment.

Example: your therapist refers you to a psychiatrist; the psychiatrist and your therapists would discuss your symptoms and other information to coordinate your treatment.

**Payment**

With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for payment.

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill my include information that identifies you, your diagnosis, treatment received, and supplies used.

**Health Operations**

With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for health operations (see definition above).

Example: The Director may use information in your health record to assess the care and outcomes in our cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services we provide.

**Uses and Disclosures other than for Treatment, Payment, or Health Care Operations**

**Business Associates**

We provide some services through contracts with business associates.

**Continuity of Care**

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Workers Compensation**

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement**

We may disclose health information purposes as required by law or in response to a valid subpoena.

**Health oversight agencies and public health authorities**

If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or public, they may disclose your health information to health oversight agencies and /or public health authorities, such as the department of health.

**The Federal Department of Health and Human Services (DHHS)**

Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.