

NOTICE OF PRIVACY PRACTICES & POLICY

POLICY

A Notice of Privacy Practices will be given to every client. Copies of each version of the Notice must be retained for six (6) years.

PROCEDURE

1. The Notice of Privacy Practices is the official description of:
 - 1.1 How the Covered Entity uses Protected Health Information (PHI);
 - 1.2 When the Covered Entity may disclose PHI;
 - 1.3 The rights of the patient/client with respect to PHI; and
 - 1.4 The Covered Entity's legal duties with regard to PHI.

The Notice of Privacy Practices will reflect other state and federal laws that impact the Covered Entity's privacy practices.

2. The Notice of Privacy Practices is approved by the Privacy Officer. The Privacy Officer is responsible for revising the Notice of Privacy Practices to reflect any changes in practices regarding PHI. The Notice shall be written in plain language.
3. The Notice of Privacy Practices is posted in a prominent location accessible to clients/patients. If the Covered Entity has a website, the Notice is also available electronically through the Covered Entity's website.
4. A copy of the Notice of Privacy Practices must be given to the client/patient at the time of the first service delivery. EXCEPTION: If treatment is first rendered in an emergency, the Notice is given as soon as reasonably practicable after resolution of the emergency.
5. The staff member giving the Notice shall ask the client/patient to sign a written acknowledgement of receipt. If the client/patient refuses or is unable to sign, the circumstances will be documented on the acknowledgement form. The acknowledgement form will be retained in the client's/patient's record for six (6) years.
6. The Notice will be promptly revised whenever there is a material change to uses or disclosures of information, the individual's rights, the Covered Entity's legal duties or other privacy practices stated in the Notice. The revised Notice will be made available at each service delivery site for continuing patients to take with them upon request and will be posted on the organization's website, if applicable.

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 that 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.

We are 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. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. *[If you plan to use PHI to remind a client of appointments, to provide information about treatment alternatives or other health-related benefits and services, for fundraising purposes or for facility directories and if doing so is permitted by applicable state law, the Notice of Privacy Practices must state so.]*

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human

Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

Abuse and Neglect
Judicial and Administrative Proceedings
Emergencies
Law Enforcement
National Security
Public Safety (Duty to Warn)

The following language addresses these categories to the extent consistent with the NASW Code of Ethics.

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other 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 investigations (such as the social work 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 a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission

We 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 our Privacy Officer at [Insert Contact Information]:

- **Right of 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. We may charge a reasonable, cost-based fee for copies.
- **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 we are not required to agree to the amendment.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **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. We are 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 Laura L. Grimes, LCSW or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**