

# McDowell Mountain Counseling

## NOTICE OF PRIVACY PRACTICES

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

**PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### OUR LEGAL DUTY

This Notice of Privacy describes how we may use and disclose health information we have about you. It also describes your rights to access this health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by applicable federal law to maintain the privacy of your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. We will have the new notice available in the lobby at our office. We will provide you with any revised Notice of Privacy Practices if you request a revised copy.

### YOUR RIGHTS

The following are statements of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your PHI. You must submit your request in writing to your clinician. If you request copies, we will charge you \$0.15 for each page, \$20.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format or if you request a summary or an explanation of your health information we will provide this service at a fee of 20.00 per hour.
- We may deny your request to inspect and copy in certain very limited circumstances. You may request that the denial be reviewed. The person who reviews the denial will not be the person who denied your request. We will comply with the outcome of the review.
- You have the right to request a restriction of your PHI, but McDowell Mountain Counseling is not required to agree to your request. You must submit your request in writing to your clinician. In your request you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. If we do agree with your request we will abide by it except if the information is needed to provide you emergency treatment.
- You have the right to request to receive confidential communications from McDowell Mountain Counseling by alternative means or at an alternative location. You must make your request in writing to your assigned clinician. We will not ask you for the reason for your request. Your request must specify how or where you wish to be contacted and must contain a statement that disclosure of all or part of your medical information that you are requesting to be communicated in a certain way or at a certain location could endanger you.
- You have the right to request to have your clinician amend your PHI. To request an amendment, you must submit your request in writing to your clinician and provide a reason that supports your request. We may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, is not part of the medical information kept by McDowell Mountain Counseling, is not part of the information which you would be permitted to inspect or copy and/or is accurate and complete.
- You have the right to receive an accounting of certain disclosures (if any) McDowell Mountain Counseling has made of your PHI. You must submit this request for an accounting of disclosures in writing to your clinician. Your request must state a time period that may not be longer than 6 years. Your request should include in what form you want the list. We may charge a fee and will notify you of the cost involved. You may choose to withdraw or modify your request before any costs are incurred.
- You have the right to obtain a paper copy of this notice from us. You may ask us to give you a paper copy of the notice at any time. Even if you have received this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our office.

### COMPLAINTS

You may file a complaint with us at any time. Complaints must be submitted in writing. You may also file your complaint with the US Secretary of Health and Human Services if you believe we have violated your privacy rights. We support your right to the privacy of your healthcare information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)**

We may use and disclose your PHI in the following instances. Only the PHI that is relevant will be disclosed, as deemed so in the professional judgment of your clinician.

**Treatment:** We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management with a third party that has already obtained your permission to have access to your PHI. This may include other physicians who may be treating you when we have your permission to disclose your PHI. For example, your PHI may be sent to a physician to whom you have been referred to ensure that he/she has necessary information to diagnose or treat you for a medical condition.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we request or recommend for you such as making a determination of eligibility or coverage for benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the insurance plan or we may need to tell your health plan about recommended services or medications to get prior approval for those services or medications.

**Healthcare Operations:** We may use or disclose your PHI in order to support the business activities of McDowell Mountain Counseling. These activities include, but are not limited to, auditing of services and billing records, quality assessment, employee review, risk management activities, staff member training and licensing. For example, if your clinician is involved in clinical supervision, his/her clinical documentation will be periodically reviewed to ensure that documentation meets the regulatory requirements under which we operate. In addition, we may call you by name in the waiting room when your clinician is ready to see you.

**Others Involved in Your Healthcare:** We may disclose your health information in order to notify or assist in the notification of a family member, a relative, a close friend, regarding your location, your general condition or death. In the event of your incapacity or an emergency circumstance, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals whom you have requested be directly involved in your health care.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

**Communication Barriers:** We may use and disclose your PHI if your clinician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the clinician, using professional judgment, determines that you intend to consent to use or disclose under the circumstances.

**Correspondence** – During the duration of your treatment, we may provide you with appointment reminders and other verbal and written information through voicemail messages, postcards and/or letters.

### **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- Required by Law - in keeping with the law and only that information relevant to the requirements of the law
- Public Health - for the purposes of controlling disease, injury or disability
- Regulatory Bodies - to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition
- Abuse or Neglect - to receive/provide reports of child/elder abuse or neglect
- Health Oversight - to government agencies that oversee health care systems, benefit programs and/or civil rights laws

- Food and Drug Administration - to a person or company required by the FDA to report adverse events, product defects or problems, track products or enable product recalls, replacements or repairs
- Legal Proceedings and/or Response to a Court Order - in response to a judicial or administrative proceeding or in response to a legal order of the court
- Law Enforcement - as required to comply with legal processes, limited information for identification and location purposes, pertaining to victims of crime, in the event that a crime occurs on premises or medical emergency and it is likely that a crime occurred
- Coroners, Funeral Directors and Organ Donation - for identification purposes, determination of cause of death
- Criminal Activity - to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- Military activity and National Security - to Armed Forces personnel for activities deemed necessary for military command authority, to determine eligibility for veteran's benefits, for national security or intelligence activities
- Worker's Compensation - to comply with worker's compensation laws
- Inmates receiving Services - if your clinician is providing services while you are incarcerated
- Required Uses and Disclosures - to comply with Section 164.500 et. seq. for investigative purposes as requested by the Secretary of the Department of Health and Human Services

### **USES AND DISCLOSURES OF YOUR PHI WITH YOUR PERMISSION**

**Authorization for Release of Information:** Uses and disclosures not described in the above sections of this Notice of Privacy Practices will be made only with your written permission, called an "authorization." Once signed, you have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your PHI under that authorization, but we cannot undo any use or disclosure we have already made on your previous authorization.

#### **Examples of Required Authorizations:**

**To Your Family and Friends:** We may disclose your health information to you, as described in the Patient Rights section of this Notice, upon your request of this in writing through a signed authorization. We may disclose your health information to a family member, friend or other person to the extent necessary to assist in treatment, help with our healthcare operations or with payment for your healthcare, but only if you agree in writing that we may do so.

**Research/Educational Presentation:** Before we use or disclose any medical information for research or educational purposes, the project will have been approved through an evaluation process. We will always ask for your specific permission in writing if the researcher/educator will have access to your name or any other identifying information.

**Marketing Health-Related Services:** Under no circumstances will we use your health information for marketing communications without your written authorization.

### **CONFIDENTIALITY OF SUBSTANCE ABUSE PROGRAMS**

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, federal law and regulations (42 CFR, Part 2) protect the confidentiality of drug or alcohol records. We may not tell a person outside the programs that you attend any of these programs nor disclose any information identifying you as an alcohol/drug abuser, unless one or more of the following apply:

- You authorize it in writing
- The disclosure is permitted by court order
- The disclosure is made to medical personnel in a medical emergency
- You threaten to commit a crime either at the program site or against any person who work for McDowell Mountain Counseling
- There is a reason to suspect child abuse or neglect may be occurring

### **CONFIDENTIALITY OF HIV OR AIDS-RELATED INFORMATION**

Disclosure of HIV or Aids-related information is prohibited under Arizona State law. You must provide written authorization before McDowell Mountain Counseling will disclose this information.

### **WHO WILL FOLLOW THIS NOTICE**

This Notice of Privacy Practices will be followed by all McDowell Mountain Counseling personnel.