

HIPAA Notice of Privacy Practices

Behavior Therapy & Family Counseling Clinic, Inc. (BTFCC)

Effective Date **March 1, 2003**

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION, ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of protected health/mental health care information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health/mental health care information. This notice describes how we may use and disclose your and/or your child's health/mental health care information. It also describes your rights and our legal obligations with respect to health/mental health care information. If you have any questions about this Notice, please contact our Privacy Official, Mary B. Barmann, MFT.

A. How this Health/Mental Healthcare Practice May Use or Disclose Your Mental Health Care Information

This mental healthcare practice collects health/mental health information about you and/or your child and stores it in a chart and on a computer. This is your and/or your child's mental health record. The mental health record is the property of this mental health care practice, but the information in the mental health record belongs to you and your child. The law permits us to use or disclose health/mental health care information for the following purposes:

1. Treatment. We use health/mental health care information about you and/or your child to provide mental health care. We disclose health/mental health care information to our employees and others who are involved in providing the care of your and/or your child's needs. For example, we may share health/mental health care information with other health care providers or physicians who will provide services that we do not provide. We may also disclose health/mental health care information to members of your family or others who can help you and/or your child, such as your child's teacher.
2. Payment. We use and disclose health/mental health care information about you and/or your child to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you and/or your child. You should know that we may discuss your account status with us while you are in the office. For example, when you check out after seeing your therapist, you will be given an update of the status of your account with BTFCC. This may include discussions of insurance payments, any balance owed on your part, and any updates needed in your personal information on file with us. We will exercise caution in the amount of information discussed in areas of our office where others may overhear our conversations. However, if you wish to have a private conversation about any of these matters, please inform us.
3. Mental Health care Operations. We may use and disclose health/mental healthcare information about you and/or your child to operate this mental health care practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for health/mental health care reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share this information with our "business associates", such as our health care clearinghouse services, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your health/mental health care information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan, or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
4. Appointment Reminders. We may use and disclose health/mental health care information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. Sign in Sheet. We may use and disclose health/mental health care information about you and/or your child by having you sign in when you arrive at our office. This induces asking for your and/or your child's name so that we may obtain the proper chart/file for the therapist. We may also call out your and/or your child's name when we are ready to see you.
6. Notification and communication with family. We may disclose mental health care information to notify or assist in notifying a family member, your and/or your child's personal representative or another person responsible for your child's care about your and/or your child's location, general condition or in the event of death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your child's care or helps pay for his care. If you are able and available to agree or object, we will

give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. We may contact you to give you information about products or services related to your and/or your child's treatment, case management or care coordination, or to direct or recommend other treatments or health/mental health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information for these purposes without your written authorization.

8. Required by law. As required by law, we will use and disclose your and/or your child's health/mental health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

9. Public health. We may, and are sometimes required by law to disclose health/mental health information to public health authorities for purposes to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting elder abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. Also, if we suspect that you and/or your child is/are a harm to self or others, then we may also disclose such information to the proper authorities. When we report suspected abuse or domestic violence, we will inform you or your personal representative promptly *unless* in our best professional judgment we believe the notification would place you and/or your child at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

10. Health/ Mental Health oversight activities. We may, and are sometimes required by law to disclose health/mental health information to health/mental health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

11. Judicial and administrative proceedings. We may, and are sometimes required by law, to disclose health/mental health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you and/or your child in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

12. Law enforcement. We may, and are sometimes required by law, to disclose health/mental health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes. This also includes reporting incidents whereby you and/or your child are a harm to self or others.

13. Coroners. We may, and are required by law, to disclose health/mental health information to coroners in connection with their investigations of deaths.

14. Public safety. We may, and are sometimes required by law, to disclose health/mental health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, including you and/or your child.

15. Specialized government functions. We may disclose health/mental health information for military or national security purposes or to correctional institutions or law enforcement officers that have you or your child in their lawful custody.

16. Worker's compensation. We may disclose health/mental health information as necessary to comply with worker's compensation laws. Such information may be disclosed to the employer or workers' compensation insurer.

17. Change of ownership. In the event that this mental healthcare practice is sold or merged with another organization, your and/or your child's health/mental health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health/mental health information be transferred to another mental health professional.

18. Communication with Schools and Other Organizations. Upon your request, we may disclose your child's health/mental health information to his/her school or another organization (such as a camp or recreational organization, or a sport-related organization) in order to facilitate your child's participation in the school or organization.

B. When This Mental Health Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this mental health practice will not use or disclose health/ mental health information which identifies you and/or your child(ren) without your written authorization. If you do authorize this mental health practice to use or disclose your and/or your child's health/mental health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health/Mental Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your and/or your child's health/mental health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your and/or your child's health/mental health information in a specific way or at a specific location. For example, you may ask that we call in or send information to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to inspect and copy your and your child's health/mental health information, with limited exceptions. To access your and/or your child's mental health information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California law. We may deny your request under limited circumstances. *IS* we deny your request to access your or your child's records because we believe allowing access would be reasonably likely to cause substantial harm to you or your child, you will have a right to appeal our decision. If we deny your request to access your or your child's psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. Right to Amend or Supplement. You have a right to request that we amend your and/or your child's mental health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your or your child's mental health information, and will provide you with information about this mental health practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your and your child's record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.
5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your and your child's mental health information made by this mental health practice, except that this mental health practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (mental health care operations), 6 (notification and communication with family) and 16 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public mental health which exclude direct patient identifies, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health/mental health oversight agency or law enforcement official to the extent this mental health practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to exercise one or more of these rights, contact our Privacy Official, Mary B. Barmann, MFT.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to ail protected health/mental health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and will offer you a copy at each appointment.

E. Complaints

Complaints about this Notice of Privacy Practices or how this mental health practice handles your and your child's mental health information should be directed to our Privacy Official, Mary B. Barmann, MFT.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights Hubert H. Humphrey
Bldg. 200 Independence Avenue, S.W. Room
509F HHH Building Washington, DC 20201

You will not be penalized for filing a complaint.