Renewed Hope Family Services

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.

Notice of Privacy Practices
Privacy is a very important concern for all those who come to this office. If you have any questions I will be happy to help you understand our procedures and your rights.

When you come to our office we will collect information about you and it may all go into your healthcare record here. Generally we may use or disclose your Personal Health Information (PHI) for three purposes: treatment, obtaining payment, and what are called health care operations.

After you have read this notice you will be asked to sign a separate consent form to allow us to use and share your PHI. If you chose not to sign the consent we cannot treat you.

I. Uses and Disclosures for Treatment, Payment and Health Care Operations
This notice will tell you how Renewed Hope Family Services will handle your psychological and medical information. It tells you how we use your Protected Health Information (PHI) here in this office, how we share it (disclose) with other professionals and organizations, and how you can see it.

A. “Use applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

B. “Disclosure applies to information outside our practice such as releasing, transferring or providing access about you to other parties.

C. “PHI” refers to information in your health record that could identify you.

In this office this PHI is likely to include these kinds of information:
- Your history. As a child, in school and at work, marriage and personal history.
- Reasons you came to therapy. Your problems, complaints symptoms or needs.
- Diagnosis. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. A list of the treatments and any other services which we think will best help you.
- Progress notes. Each time you come in we write down information about how you are doing, what we notice about you and what you tell us.
- Records we get from others who have treated you or evaluated you.
- Psychological test scores, school records and other reports
Renewed Hope Family Services

- Information about medications you took or are taking.
- Legal matters
- Billing and insurance information.

This list is just to give you an idea and there may be other kinds of information that go into your healthcare record here. We will disclose the minimum amount of information necessary for others to do their jobs.

Generally we will disclose your PHI for three main reasons: Treatment, Payment and Health Care Operations

D. Uses and Disclosures of PHI in healthcare with your consent for the Purposes of “TPO”.

For Treatment - When we use medical information to provide you with psychological services, to speak with other professionals such as your physician. We may refer you to the other professionals or consultants for services I cannot provide. When we do this we need to tell them some things about you. We will get back their findings and opinions and those will go into our record here. If you receive treatment in the future from other professionals we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

For Payment - We may use you information to bill you, your insurance, or others so we can be paid for the services we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received and the changes we expect. We will need to tell them about when we met, your progress and other similar things.

For Health Care Operations - We may use your PHI to perform tasks related to my practice such as quality assessments, audits, administrative services and coordination of care.

Other uses in healthcare include: Appointment reminders, to discuss possible adjunct or treatment alternatives to use the services of “Business Associates.” These are some jobs I may hire others to do for me such as billing or copying of your file. To protect you privacy they have agreed in their contract with us to safeguard your information.

II. Uses and disclosures that require your Authorization

A. If we want to use or disclose your information for any purpose besides TPO we need your written permission or a signed Authorization Form to do so. This will be Notice of Privacy Practices • Page 2 of 6
Renewed Hope Family Services

authorization to release “specific” information to a specific person or organization.

B. If you do authorize us to use or disclose your information you can revoke (cancel) that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we have already disclosed with your permission or that we had used in the office.

C. You may not revoke an authorization to the extent that:

- We have relied on that Authorization
- If the Authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Use and disclosures of PHI from mental health records that do not require a Consent or Authorization.

We may use or disclose PHI without your consent or authorization in the following circumstances:

A. Child Abuse-If we know or have reasonable cause to suspect, that a child is abused abandoned or neglected by a parent, legal guardian, caregiver or other person responsible for the child’s welfare, the law requires that we report such knowledge or suspicion to Child Protective Services.

B. Adult and Domestic Abuse-If we know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected or exploited, I may be required by law to report such knowledge or suspected abuse to the appropriate authorities.

C. Judicial or Administrative Proceedings-If your are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged and will not be released with your written authorization or a subpoena of which you have been properly served and you fail to inform me that you are opposing the subpoena or a court order.

D. Serious Threat to Health or Safety-When you present a clear and immediate threat of physical harm to yourself or others, we may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

E. Worker’s Compensation-If you file a Worker’s Compensation Claim, we must, upon request of your employer, the insurance carrier, and authorized qualified rehabilitation provider, or the attorney for the employer or the insurance carrier, furnish your relevant records to those persons.

Notice of Privacy Practices • Page 3 of 6
IV. **Patient’s Rights and Clinician’s Duties**

**Patient’s Rights**

1. **Right to Receive Confidential Information by Alternate Means and At Alternative Locations**- You can ask me to communicate with you in a particular way or at a certain place which is more private for you. For example, we can talk you at home and not at work to schedule or cancel an appointment. We will try my best to do what you ask.

2. **Right to Request Restrictions**- You have the right to ask me to limit what I tell people involved in your care or the payment of your care such as family members or friends. While we don’t have to agree to your request, if we do agree, we will keep our agreement, except if it is against the law, or in an emergency, or when the information is necessary to treat you.

3. **Right to Inspect and Copy**- You have the right to look at the health information we have about you. You can even get a copy of these records but I may require that you pay for the copying of these records. We may deny your request.

4. **Right to Amend**- If you believe the information in your record is incorrect or missing important information you can ask me to make some kinds of changes to your health information. You have to send this request in writing to our office. You must tell us the reasons you want to make the changes. We may deny your request.

5. **Right to an Accounting**- You may ask me for an indication of to whom we have disclosed your PHI.

6. **Right to Paper Copy**- You have a right to a paper copy of this notice. If we change this Notice of Privacy Practices we will post the new version.

7. **Right to File a Complaint**- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

**Clinician’s Duties**

1. We are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

2. We reserve the right to change of privacy policies described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

3. If we revise my policies and procedures, we shall provide individuals with a revised notice during session or by email or US mail within 60 days, and subsequently to any
Renewed Hope Family Services

request made by you when you are no longer in treatment with me pertaining to the release of any information or consultation with an outside person or agency.

V. Business Associates

We may rely, depending on the circumstances, on the certain persons or entities, who are not my employees, to provide services on my behalf. These persons might include lawyers, billing services, collection agencies and credit card companies. Where these persons or entities perform services, which required the disclosure of identifiable health information, they are considered under the Privacy Rule to be my Business Associates. We enter into a written agreement with each of our business associates to obtain satisfactory assurance that the business associate will safeguard the privacy of the PHI of my clients. We rely on by business associates to abide by the contract, but will take reasonable steps to remedy any situations to which we may become aware. If my attempt to remedy the breach is not successful, then we will terminate that contract, or if termination is not feasible, we will report the problem to the Department of Health and Human Services.

VI. Effective Date Restrictions and Changes to Privacy Policy

This notice will go into effect on June 1, 2014

We will limit, i.e. deny, the disclosures that we make when your request to access copies of either you or your child’s psychotherapy notes may, in my professional opinion, pose harm to you or your child’s mental health. Such denials to access may be considered final and not reviewable by another licensed health care professional typically designated as a reviewing official with respect to other conditions (see below). We may also deny access to records when information is compiled in reasonable anticipation of, or for use, in a legal or administrative action of proceeding and when someone other than a health provider provides information about you or your child under a promise of confidentiality and the access to the requested information would be reasonably likely to reveal the source of the information. However, you may request and are entitled to a review my denial by another licensed health care professional for access to other information contained in your medical record when we deny access if:

- In the exercise of my professional judgment we determine that access to the record is likely to “endanger the life or physical safety” of you, the client, or another person
- The requested information makes reference to another person (other than another healthcare provider) and in the exercise of my professional judgment
Renewed Hope Family Services

we determine that access is “reasonably likely to cause substantial harm” to this person.

• A personal representative for you or the client has requested access to the record and in the exercise of my professional judgment we determine that access is “reasonably likely to cause substantial harm” to you or another person.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by face-to-face verbal explanation and written notice in person or via email or US mail within 60 days.

I (we) have read and reviewed the Notice of Privacy Practices pertaining to Renewed Hope Family Services.

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