

NOTICE OF HIPAA POLICIES & PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

THIS DESCRIBES HOW MENTAL HEALTH, PSYCHOLOGICAL, MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

***** PLEASE REVIEW/SIGN AND WE WILL PROVIDE YOU A COPY FOR YOUR RECORDS *****

- ❖ Protected Health Information (PHI) refers to information in your health record that could identify you.
- ❖ Use applies only to activities within this office, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- ❖ Disclosure applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

I. Uses and Disclosures for Treatment, Payment, and Mental Health Care Operations:

- Treatment is when we assess, provide, and coordinate your mental health care. An example of treatment would be when we consult with another health care provider such as your family physician, psychiatrist, and psychologist.
- Payment is when we obtain payment for the treatment and services provided. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations are activities that relate to the performance and operation of our office. Examples are quality improvement, assessment, audits, and case management/case coordination.

II. Uses and Disclosures Requiring Authorization:

A.M.A. Counseling Services, LLC may use or disclose PHI for purposes outside of treatment, referral, and mental health care operations when your appropriate authorization is obtained. An authorization is a written permission above and beyond general consent that permits only specific disclosures. In those instances, this office would need to obtain authorization from you before releasing this information. You may revoke all authorizations of PHI at any time by notifying A.M.A. Counseling Services, LLC in writing at 3201 Highfield Dr, Suite C, Bethlehem, PA 18020. The revocation is only effective after it is received by A.M.A. Counseling Services, LLC. Any use or disclosure made prior to the revocation of this authorization will not be affected by the revocation.

III. Uses or Disclosures Without Authorization:

Information about you may be disclosed without your consent in the following circumstances:

- Child Abuse – If I have reasonable cause, on the basis of professional judgement, to suspect abuse of children whom I come into contact with in my professional capacity, I am required by law to report this to Pennsylvania Department of Public Welfare.
- Adult and Domestic Abuse – If I have reasonable cause to believe that an older adult is in need of protective services (abuse, neglect, abandonment, exploitation), I may report such need to the local agency which oversees protective services.
- Judicial or Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under the state law, and A.M.A. Counseling Services, LLC will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- Worker's Compensation – If you file a Worker's Compensation claim, I will be required to file periodic reports with your employer, which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

IV. Patient Rights and Providers Duties

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

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- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this notice). On your request we will discuss with you the details of the accounting process.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the privacy notice A.M.A. Counseling Services, LLC upon request, even if you previously agreed to receive the notice electronically.

Provider Duties:

I am 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. I reserve the right to change the privacy policies and practices described in the notice. Unless I notify you of such changes, I am required to abide by the terms currently in effect. If I revise the policy and procedures, I will provide you with an updated copy at your next scheduled visit.

V. Questions or Complaints:

If you have any questions about any part of this notice, would like more information on privacy practices, or if you are concerned that I violated your privacy rights, you may contact A.M.A. Counseling Services, LLC in writing 3201 Highfield Dr., Suite C, Bethlehem, PA, 18020 or by phone at (610) 802-5045.

VI. Effective Date: This notice will go into effect on **January 1, 2011**.

By signing below, you acknowledge receipt of Notice of HIPPA Policies & Practices to Protect the Privacy of Your Health Information on the date below.

Patient Signature (14 and older) _____ Date _____

Partner/Spouse Signature (if in couples counseling) _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____