



NOTICE OF PRIVACY PRACTICES

This notice applies to the information and records *Center of Being* has about your health status and the services you receive. This notice is required by law and will explain ways in which your Protected Health Information (PHI)* may be used. This document does not apply to PHI before April 14, 2003 and is subject to amendments and changes without notification.

***Definition of PHI:** *PHI includes information such as your name, Social Security Number, insurance ID number, dates of services, your symptoms, history of symptoms, medical history, clinical lab tests, medications, current functional status, diagnosis, prognosis and treatment or service plan. General Consent to Treatment does not include therapy notes or evaluation raw data disclosure. Release of therapy notes and evaluation raw data to another party will require a specific written authorization form as described below.*

You may agree or object to the use and disclosure of your PHI (as described below) if you are present and able to do so. If not, clinical staff may determine to disclose in your best interest. In these rare cases only information relevant to your health care will be disclosed and only to persons directly and legitimately involved in your care. Such emergencies might include rescue efforts at a public disaster, personal emergencies you might encounter, notification of family and friends if there is an immediate concern for your safety, and situations where you are unable to speak or function effectively.

By signing our *Consent to Services/Evaluation* form, you give *Center of Being* consent to use your PHI for the following purposes:

Services: Your consent to services allows *Center of Being* to use and disclose your PHI to provide, coordinate, or manage your health care and related services, including communicating with other healthcare providers involved in your care and treatment or service planning. This may include consultation within the provider team at *Center of Being*, and may extend to your primary care physician and your psychiatrist or medication provider, as indicated to manage emergency health care needs.

Payment: Your consent to services allows *Center of Being* to use your PHI to secure payment for the services delivered. This includes disclosure of your PHI to verify insurance coverage and eligibility, determine benefits, review services provided to you, to determine medical necessity, carry out utilization review activities, and engage in any other necessary activities and communications with insurance companies related to obtaining authorization for services and payment. Your insurance plan has a legal responsibility to treat this information as confidential and safeguard its care and use. You have the right to consent to, deny, or request reasonable restrictions to your PHI as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you refuse or restrict release of this information, your



insurance company may refuse to pay for services or refuse authorized payment for the future. It is the policy of *Center of Being* that the responsible party pay for services in advance, if a request is made to deny consent for your insurance company to have access to your PHI.

Health Care Operations and Business Associates: Your consent to services allows *Center of Being* to use your PHI to conduct healthcare operations and support our business activities. These activities include but are not limited to: quality assessment procedures; employee or subcontractor training; supervision; licensing review; insurance and government audits or inspections; referring to you by name while in the office or over the telephone. Any business associates, staff members, employees, interns/trainees, and sub-contractors providing direct, support, or ancillary services to *Center of Being* will be under written contract to protect the privacy of your PHI.

Conditions Under Which Your PHI Can Be Released Without Your Consent: *Center of Being* may use or disclose your PHI to designated entities without your permission for the following purposes, subject to all applicable legal requirements and limitations:

1. When the law requires it
2. In cases of suspected child or dependent adult abuse or neglect
3. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public
4. If you are believed to be a danger to yourself or others
5. In cases involving national security
6. Legally required disclosures involving military personnel
7. To health oversight agencies for activities authorized by law, such as audits, investigations, and inspections
8. To foreign military authorities if you are a member of that foreign military service
9. Judicial and administrative proceedings, orders, and processes as required by law
10. Criminal investigations and other legitimate law enforcement activities as required by law
11. To comply with Workers' Compensation laws and other similar legally established programs
12. If you are an inmate of a correctional facility and PHI was created or received while being treated
13. Clinical supervision where the identity of the client is protected
14. Responses due to law suit or filed complaints to governing agencies including but not limited to professional boards and the department of insurance
15. *Center of Being* may use professional judgment in disclosing PHI without consent in special emergency conditions.
16. Occasionally your name might be overheard by other clients when scheduling by phone or in our conversations with you in-person, although we try our best to protect your privacy.



Specific Authorization to Release PHI: Any other uses or disclosures of your PHI will be made only with your written authorization, with a Release of Information (ROI) form. You may revoke such an authorization in writing at any time, except if: 1) disclosure action has already been taken, or 2) the authorization was given as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy. **Documentation given to a client does not require written authorization. In this case, the client may choose how the information is used or shared.*

Policies on the Release of Information: By signing a release of information authorization (aka, ROI form), you allow *Center of Being* to give specific information to others not covered by this general consent. Although in some cases, the law allows for disclosure without consent, which has been defined above. *Center of Being* requires written authorization for all transactions listed below, if the aforementioned conditions for release without consent do not apply:

1. Any release of information that does not pertain to billing insurance companies and general operations of the clinic.
2. A release of information will be required for disclosures to other professionals including the primary care physician and psychiatrist.
3. A release of information will be required for disclosures to other professionals including but not limited to other counselors, school personnel, probation officers and lawyers.
4. In investigations of suspected child or dependent adult abuse and/or neglect, the clinicians' full knowledge of the client can be disclosed without written authorization.
5. *Center of Being* does not re-disclose documents that have been requested from another source. Phone consultations with other professionals that are documented can be re-disclosed.
6. A release is required for a clinician to disclose any information about minors 14 years old and above to parent and guardian.

Please Note: We will not communicate with lawyers nor release records in custody issues. Treatment is compromised when clinicians are requested to participate in determining custody. We will not disclose information to parties involved in custody disputes outside of court orders or as legally mandated. This includes but is not limited to, requests for disclosures to: court clinicians, custody evaluators, the courts themselves, or representatives of the court. We will not willingly participate in any civil lawsuit. If you need a clinician to testify in a civil lawsuit, please seek another agency. We will provide referral information upon request.

Upon our initial contact with you, we ask for a phone number where you can be contacted. If you would like your privacy protected, please provide us with a private number. Any number given in the intake will be used to contact you unless you specify otherwise. Text communications need to pass through a HIPAA compliant platform; we will offer options and agree upon this as needed.



Your Rights Concerning Your PHI:

1. You have the right to inspect and copy your PHI for as long as your record is maintained with us, except for the following: psychotherapy notes and evaluation data; information compiled in anticipation or for the use in a civil, criminal, or administrative proceeding; any PHI to which the law prohibits access. Charts are kept for seven years or for minors until the age of 18, whichever comes first. Depending upon circumstances, if access is denied, you may have the right to have this decision reviewed.
2. You have the right to request that *Center of Being* not use or disclose your PHI to family or friends involved in your care, or perform notifications referred to in this document. Request for such restrictions shall be in writing. *Center of Being* is not required to agree to these requests. If your clinician/s does/do agree, your PHI can still be disclosed in the case of an emergency.
3. You have the right to have your PHI amended for as long as your record is maintained with us. Your clinician has the right to deny this request. If denied, you have a right to file a statement of disagreement. You will receive a response to your statement within 30 days. All documentation related to your request will be kept as a matter of record as part of your PHI, and does not imply that the record has been amended unless directly stated.
4. You have the right to receive confidential communication by alternative means or location. Ask your clinician if you have special communication requests.
5. You have the right to receive an account of certain disclosures *Center of Being* has made, if any, of your PHI, other than disclosures for treatment/evaluation, payment or healthcare operations authorized by the general consent form. This includes disclosures made to you, to family members involved in your care, or for notification purposes. Certain exceptions, restrictions and limitations may apply.
6. A record of disclosures is kept with your file. You have the right to see this log upon request. Billing for insurance purposes is not considered a disclosure.