

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by CPWI in any form (electronically, on paper or orally) be kept confidential. HIPAA provides you, the patient, with significant new rights to understand and control how your health information is used. Further, this Act provides penalties for covered entities that misuse personal health information.

CONFIDENTIALITY

The confidentiality of information and records pertaining to your treatment will be held in accordance with state laws. All communication between the client and CPWI will be treated as strictly confidential; the client controls whether or not confidential information may be disclosed. By law, however, confidential information may be provided without client/guardian consent under limited circumstances: CPWI may provide confidential information in the following circumstances:

1. The client waives confidentiality for a particular individual or agency as indicated on a CPWI Release of Information form;
2. There is reason to believe that the client poses a risk of imminent danger to self or others;
3. There is cause to suspect that a minor or elder has been or may be abused;
4. A court order is enforced to release records;
5. The client raises mental status or competency in a legal proceeding; and,
6. The client brings suit against the therapist or practice.

TYPES OF USES AND DISCLOSURES

CPWI is permitted to use and disclose information for:

- **Treatment:** providing, coordinating or managing mental health care and related services by one or more providers. An example of this would be discussing your care with a family member who is present for the session.
- **Payment:** obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a request for authorization to your managed care company.
- **Health Care Operations:** conducting quality assessment and improvement activities, cost-management analysis and customer service. An example of this would be an internal review for quality assurance purposes.

We may also create and distribute de-identifiable health information by removing all references to individually identifiable information (for training purposes);

We may contact you to provide appointment reminders or information pertaining to your healthcare coverage.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

YOUR PERSONAL RIGHTS

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer at CPWI:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to carry out treatment, payment or health care operations.
- The right to receive communications of confidential information from the counselor by alternative means or at alternative locations.
- The right to inspect and copy protected health information if it is determined that such release of information is not likely to cause harm to the client for another.
- The right to amend protected health information, including when the counselor may deny such a request and the process for contesting the denial (when the record is deemed to be complete and accurate).
- The right to receive an accounting of disclosures of protected health information beginning on April 14, 2003 and available for a 6-year period. Exceptions include disclosures made to carry out treatment, payment or health care operations, pursuant to a signed "authorization" under HIPAA, made directly to you and those made for certain national security or law enforcement purposes.
- The right to receive a paper copy of the Notice of Privacy Practices upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures at our office. We will not retaliate against you for filing a complaint.

For more information, contact our office at:

Listed above (header)

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775