

Center for Therapeutic Services & Psychodiagnostics

Continued...

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information.

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonable easy for us to do so.

To inspect and request a copy of your PHI: You have a right to see your PHI in our mental health and billing records used to make decision about you for as long as the PHI is maintained in the record and Psychotherapy Notes. However, you must make this a written request. We will respond to your request within 30 days. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information of the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record (as long as the PHI is maintained in the record). We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provided, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released except on instances of disclosure for treatment, payment, and health care operations. The list also will not include any disclosures made to law enforcement officials or disclosures made before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosers going as far back as six years from the effective date. There will be no charge for up to one such list each year. There may be charge for more frequent requests.

How to Complain About Our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file written complaints with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you If you make such complaints.

Contact Person for Information or to Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer at:

**4209 W Shamrock Lane Unit C,
McHenry, IL 60050
Phone: (815) 344-9443
Fax: (815) 344-9445
www.cftsap.com**

This brochure describes how medical and psychological information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Phone: (815) 344-9443

Notice of Privacy Practices

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this notice though we reserve the right to change our privacy practices and the terms of this notice at any time which will be applicable to all PHI that we maintain.

You Have the Right to Receive this Notice

This Notice goes into effect on April 14, 2003. You have a right to receive a paper copy of this Notice. You may request a copy of the new notice from any of CFTSAP's offices or view it on our website. If we revise our policies and procedures, we will notify you if you will be affected.

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. "Use" applies only to activities within our agency such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosure" applies to activities outside of our agency such as releasing, transferring, or providing access to information about you to other parties. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization to disclose confidential information unless the law permits or requires us to make the use or disclosure without your authorization. All authorization to disclose must be on a specific legally required form. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosure without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Generally, we may use or disclose your PHI as follows:

For treatment: We may disclose your PHI to provide, coordinate, and manage your health care and other services related to your health care. We may disclose PHI to doctors, nurses, and other health care personnel who are involved in providing your health care.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your private insurer to get paid for services that we delivered to you.

For Health Care Operations: We may disclose your PHI for activities related to the performance and operation of the agency. For example, we may use your PHI in evaluating the quality of services provided by your therapist.

Appointment reminders: Unless you provide us with alternative instructions, we may call and leave appointment reminders for you at home (when applicable).

Uses and Disclosures of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment, and health care operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. We will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes our agency/therapist has made about conversation during a private, group, joint, or family counseling session., which we have kept separate from the rest of your record (when applicable). These notes are given a greater degree of protection than PHI.

Authorization can be revoked, in writing, at any time to stop future uses/disclosures except (1) to the extent that we have already undertaken an action in reliance upon your authorization (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy, and (3) if this was a Court Ordered Referral or other third party referral in which you are not legally defined as the client.

Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from mental

health records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse/neglect of a child, suspected abuse/neglect/financially exploitation of an individual who is protected by state law, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For health oversight activities: We may disclose PHI to a protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes such as reporting or investigation of unusual incidents, agencies responsible for licensure or disciplinary action, and monitoring of the Medicaid program.

Relating to descendants: We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

To avert threat to health or safety: In order to avoid a clear, serious, and imminent threat, risk of threat to physical or mental injury, or death to yourself or another individual, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis, and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you upon written request. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.

For research purpose: In certain circumstances and under supervision of a privacy board, we may disclose PHI to our Utilization Management or Peer Review Committees or their designees in order to assist mental health research.

Worker's Compensation: We may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment and for national security reasons, such as protection of the President.