FAMILY COUNSELING SERVICE NOTICE OF PRIVACY PRACTICES

THIS NOTICE PROVIDES INFORMATION CONCERNING FAMILY COUNSELING SERVICE'S PRACTICES IN HANDLING THE INDIVIDUALLY IDENTIFIABLE HEALTH/MENTAL HEALTH INFORMATION FOR ITS COUNSELING CLIENTS AND THEIR RIGHTS CONCERNING THOSE PRACTICES.

IF YOU HAVE ADDITIONAL QUESTIONS OR CONCERNS ABOUT OUR AGENCY'S PRACTICES IN THIS REGARD, PLEASE FEEL FREE TO CONTACT OUR PRIVACY OFFICER, LARRY DEAVERS, AT 752-2504.

This Notice of Privacy Practices describes how FCS may use and disclose your protected health information to provide services, collecting payment, or as related to the health care operations of this agency and for other purposes permitted or required by law. It also describes your rights of access and control over your protected health information.

The information referred to in this notice is health information which is protected by federal law. This "protected health information" is information about you that my identify you and that relates to any physical or mental condition and related services.

Family Counseling Service (FCS) is required to abide by the terms of this Notice. However, Family Counseling Service may change the terms of this Notice at any time. Any revised Notice will then be in effect for any protected health information which Family Counseling Service maintains at that time.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Family Counseling Service will ask you to sign a consent form prior to initiating a counseling relationship. Once you have consented to the use and disclosure of your protected health information for providing service, payment and health care operations by signing the consent form, Family Counseling Service may use or disclose your protected health information as described in the following:

- 1. <u>Obtaining a consult from another mental health professional</u>: This is limited to consultations within Family Counseling Service. Any consultations outside this agency will require your specific written authorization.
- 2. <u>Providing information to a third-party payer</u>: If your health care provider or employer is paying some or all of the costs of services provided, the necessary information required for purposes of receiving payment will be provided.
- 3. Health care operations: (a) This includes the disclosure of information necessary to provide or coordinate your services, such as leaving telephone messages for you or sending you information by mail. (b) FCS may disclose your protected health information as required for internal monitoring and quality assurance of services, or as required to comply with legally required oversight. (c) FCS may use or disclose your protected health information, as necessary, to contact you to remind you of an appointment, to clarify information or to share additional information with you to aid in providing services. (d) In situations where a counseling "client" includes more than one individual, such as a spouse, partner or other family member who is also participating in the services received, information may be shared among counseling participants as deemed necessary by the counselor to carry out services. (e) FCS may also disclose information to graduate students in counseling, social work, or psychology who see clients in our office. (f) FCS may send you a follow up survey to inquire about your satisfaction with our services. (g) Information required for the licensure of staff or certification of

the agency will be disclosed as necessary. Any additional disclosures will require your specific authorization, unless such uses or disclosures are permitted without your consent. You may revoke such an authorization, at any time, in writing, except to the extent that action has already been taken in reliance upon it.

You have the right to request restrictions of your personal health information. Please refer to the section labeled **Your Rights**.

PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.

- (a) Required by Law: FCS may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- (b) <u>Public Health</u>: FCS may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.
- (c) <u>Communicable Diseases</u>: FCS may disclose your protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.
- (d) Abuse or Neglect: FCS may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect of children, adults, or elders. In these cases, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- (e) <u>Legal Proceedings</u>: FCS may disclose protected health information in the course of any judicial proceeding, in response to an order of a court, in response to a subpoena, discovery or other lawful process.
- (f) <u>Law Enforcement</u>: FCS may disclose protected health information for law enforcement purposes. These law enforcement purposes include (1) legal processes required by law, (2) limited information requests for identification and location purposes, (3) information pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the agency, and (6) an emergency where it is likely that a crime has occurred.
- (g) <u>Criminal Activity</u>: FCS may disclose your protected health information if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. FCS may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- (h) Military Activity and National Security: When the appropriate conditions apply, FCS may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military, command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military services. FCS may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

(i) <u>Required Uses and Disclosures</u>: FCS must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal law.

Your Rights: Below is a summary of your rights pertaining to your protected health information.

(1) You have the right to access, inspect and copy the following protected health information for as long as FCS maintains the protected health information: (a) mediation prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of services provided, (d) results of clinical tests, and (e) any summary of diagnosis, functional status, service plan, symptoms, prognosis or progress to date.

If you request a summary of your protected health information which is not already compiled, you may be charged a reasonable fee for the preparation of such a summary. If you owe any fees for services rendered, you will be required to pay any outstanding balance prior to the release of the summary of services provided. You will also be charged a fee for copying any information provided.

You DO NOT have the right to access, inspect or copy psychotherapy notes. Psychotherapy notes are defined to mean notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

You DO NOT have the right, with respect to psychotherapy notes, to information compiled as related to pending civil, criminal or administrative actions or proceedings.

Family Counseling Service may also deny access for other reasons for which a patient can seek review. These restrictions are:

- (a) When a licensed health care professional has determined that such access is reasonably likely to endanger the life or physical safety of the client or another person,
- (b) If the information identifies another individual who is not a health care professional, an a licensed health care professional has determined that such access is reasonably likely to cause substantial harm to such other person, or
- (c) If the person requesting access is the client's personal representative and the health care professional determines that such access is reasonably likely to cause substantial harm to the client or another person.
- (2) You have the right to request a restriction of your protected health information. You may make a written request for Family Counseling Service not to use or disclose any part of your protected health information for the purposes of providing services, payment, or healthcare operations. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Family Counseling Service is not required to agree to a restriction that you may request. If FCS does agree to the requested restriction, FCS may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency services. You may discuss any restriction you wish to request with your counselor. You may request a restriction by giving a written request to your counselor or to the privacy officer.

(3) You have the right to request to receive confidential communications from FCS by alternative means or at an alternative location. FCS will accommodate reasonable requests. FCS will not request an explanation from you as to the basis for the request. You may give a written request to your counselor or our office staff.

- (4) You may have the right to have your counselor amend your protected health information. This means you may request an amendment of our information about you as long as FCS maintains such information. In certain cases, FCS may deny your request for amendment. If FCS denies your request for amendment, you have the right to file a statement of disagreement with FCS and FCS may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please speak with your counselor or the privacy officer about questions regarding amendments to your protected health information.
- (5) You have the right to receive an accounting of certain disclosures FCS has made of your protected health information. This right applies to disclosures for purposes other than providing services, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures FCS may have made to you or to family members or friends involved in counseling with you or disclosures made for notification purposes.
- (6) You have the right to obtain a paper copy of this notice from FCS, upon request, even if you have agreed to accept this notice electronically.

You may complain to FCS or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by FCS. You may file a complaint with FCS by notifying our privacy officer of your complaint. FCS will not retaliate against you for filing a complaint.

You may contact our privacy officer, Larry Deavers, at 752-2504 or ldeavers@counselingservice.org for further information about the complaint process.

This notice was updated and becomes effective on February 14, 2020.