



Psychological & Counseling Centre, LLC

1201 South Main St., Suite 100
North Canton, Ohio 44720
330 244-8782
fax 330 244-8795
www.vistapcc.com

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

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

A clinician may use or disclose your Protected Health Information (PHI) for the treatment, payment, and health care operations purposes with your consent. To help clarify these terms here are some definitions.

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”

Treatment is when a provider coordinates or manages your health care and other services that are related to your health care. An example of treatment would be when consulting with another health care provider, such as your family physician or another clinician.

Payment is when reimbursement is obtained for your health care. Examples of payment are when disclosing 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 the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- “Use” pertains only to activities within the practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

- “Disclosure” applies to activities outside of the practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

A clinician may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when a clinician is asked for information for purposes outside of treatment, payment, and health care operations, the practitioner will obtain an authorization from you before releasing this information.

You may revoke such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the practitioner has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures Not Requiring Your Consent or Authorization

A clinician may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If, in the professional capacity, knowledge or suspicion is obtained that a child under 18 years of age, or a mentally retarded, developmentally disabled, or physically impaired individual under the age of 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, the clinician is required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- **Adult and Domestic Abuse:** If there is reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, the clinician is required by law to immediately report such belief to the County Department of Jobs and Family Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about you reevaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and will not be released without written authorization from you or your personally or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be notified in advance, if this is the case.
- **Serious Threat to Health or Safety:** If a clinician believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, disclosure of your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm may take place. If you communicate an explicit threat of inflicting imminent and serious

physical harm or causing the death of one or more clearly identifiable victims, and if you have the intent and ability to carry out the threat, then the law requires one or more of the following actions to be taken in a timely manner: (1) Take steps to hospitalize you on an emergency basis, (2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, (3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: (a) the nature of the threat, (b) your identity, and (c) the identity of the potential victim(s).

- **Worker's Compensation:** If you file a worker's compensation claim, it may be required to give your mental health information to relevant parties and officials.

IV. Patient's Rights

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information pertaining to you. However, the practitioner is not required to agree to a restriction you request.
- **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. (For example, you may not want a family member to know that you are receiving services. Upon your request, your bills could be sent to another address.)
- **Right to Inspect and Copy** – You have the right to inspect and/or obtain a copy of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You may be denied access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, the details of the request process will be discussed with you.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, a discussion of the details of the amendment process will be held.
- **Right to an 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, the details of the accounting process will be discussed with you.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically.

V. Professional's Duties

- The professional is required by law to maintain the privacy of PHI and to provide you with a notice of the professional's legal duties and privacy practices with respect to PHI.

- The professional reserves the right to change the privacy policies and practices described in this Notice. Unless the professional notifies you of such changes, the professional is required to abide by the terms currently in effect.
- If the professional revises policies and procedures, you will be provided with a revised notice either by hand, mail, or electronically.

VI. Complaints

If you are concerned that a professional has violated your privacy rights, or you disagree with a decision the professional made about access to your records, you may contact the HIPPA Compliance Officer at (330)244-8782.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The HIPPA Compliance Officer listed above can provide you with the appropriate address upon request.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This Notice will go into effect on May 1, 2008.

The professional reserves the right to change the terms of this Notice and to make the new notice provisions effective for all the PHI that the professional maintains. The professional will provide you with a revised notice by hand, mail, or electronically.