

## NOTICE OF SAMARACARE'S PRIVACY PRACTICES

This notice describes how counseling and medical information (i.e., Protected Health Information-PHI) about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

### Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your counselor may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. 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 the counselor provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when the counselor consults with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when SamaraCare obtains reimbursement for your healthcare. Examples of payment are when SamaraCare discloses 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 SamaraCare. 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"* applies only to activities within SamaraCare such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *"Disclosure"* applies to activities outside of SamaraCare, such as releasing, transferring, or providing access to information about you to other parties.
- *"Authorization"* is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

### Other Uses and Disclosures Requiring Authorization

Your counselor may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when your counselor is asked for information for purposes outside of treatment, payment, or health care operations, your counselor will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your counselor has relied on that authorization; or (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.

## Uses and Disclosures without Authorization

Your counselor may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If your counselor has reasonable cause to believe a child known to him/her in my professional capacity may be an abused child or a neglected child, your counselor must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If your counselor has reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, your counselor must report this belief to the appropriate authorities.
- *Health Oversight Activities* – Your counselor may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- *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. Your counselor must not release such information without a court order. Your counselor can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization 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 must be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If you communicate to your counselor a specific threat of imminent harm against another individual or if your counselor believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your counselor may make disclosures that s/he believes are necessary to protect that individual from harm. If your counselor believes that you present an imminent, serious risk of physical or mental injury or death to yourself, s/he may make disclosures s/he considers necessary to protect you from harm.
- *Worker's Compensation* – Your counselor may disclose protected health information 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.

## Patient's Rights and SamaraCare's Duties

### Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, your counselor 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 in counseling. On your request, your counselor will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records. On your request, your counselor will discuss with you the details of the request for access process.
- *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 counselor may deny your request. On your request, your counselor will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, your counselor will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

### SamaraCare's Duties:

- SamaraCare is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- SamaraCare reserves the right to change the privacy policies and practices described in this notice. Unless SamaraCare notifies you of such changes, however, SamaraCare is required to abide by the terms currently in effect.
- If SamaraCare revises policies and procedures, SamaraCare will notify you of such changes by giving you a copy of the new policy during one of your sessions.

## **Complaints**

If you are concerned that your privacy rights have been violated, or you disagree with a decision your counselor made about access to your records, you may contact:

Dr. Scott Mitchell  
SamaraCare HIPAA Compliance Officer  
Licensed Clinical Psychologist  
630-357-2456 x29

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

## **Effective Date**

This notice will go into effect on April 14, 2003.