

# **HIPAA Privacy Rules for the Protection of Health and Mental Health Information**

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

## **WHAT IS HIPAA?**

HIPAA stands for Health Insurance and Accountability Act. It requires Reflect Counseling Services to protect the privacy and confidentiality of your Public Health Information (PHI). It requires Reflect Counseling Services to provide you with notice about legal duties, privacy practices, and rights regarding medical information.

## **WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

PHI includes any identifiable health information that relates to your past, present, or future health. PHI also relates to your treatment or payment for health care services.

## **WILL MY INFORMATION REMAIN CONFIDENTIAL?**

Reflect Counseling Services keeps your mental health information in records that will be maintained and protected in a confidential manner, as required by law.

## **WHEN CAN REFLECT COUNSELING SERVICES DISCLOSE PHI WITHOUT WRITTEN CONSENT?**

Federal privacy rules allow health care providers to use or disclose your PHI without written authorization in order to carry out the health care provider's own **treatment, payment, or healthcare operations**. There may be times when it is necessary for Reflect Counseling Services to consult with another healthcare professional regarding a necessary referral or to assist in the treatment of your diagnosis/diagnoses or treatment plan. Reflect Counseling Services can also use and disclose your PHI to bill and collect payment for the treatment and services rendered. Lastly, Reflect Counseling Services may disclose records if there is an audit by a health plan which requires a review of Reflect Counseling Services' competence.

## **HOW WILL REFLECT COUNSELING USE MY PROTECTED HEALTH INFORMATION (PHI)?**

Your personal mental health record will be retained Reflect Counseling Services for at least seven years after your last clinical contact with the agency. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy.

Until the records are destroyed they may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- Appointment reminders;
- Notification when an appointment is cancelled or rescheduled by the Reflect Counseling Services;
- As may be required by law;
- For public health purposes such as reporting of child or elder abuse or neglect; reporting reactions to medications; infectious disease control; notifying authorities of suspected abuse or neglect;
- Mental health oversight activities, e.g., audits, inspections or investigations of administration and management of Reflect Counseling Services;
- Lawsuits and disputes (We will attempt to provide you advance notice of subpoena before disclosing information from your record.);
- Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred at Reflect Counseling Services; when emergency circumstances occur relating to a crime; when an individual is incapacitated or in an emergency, providers sometimes may use or disclose PHI, without authorization, when it is in the best interests of the individual, as determined by health care provider in the exercise of clinical judgment. The

PHI that may be disclosed under this provision includes the patient's name, location in a health care provider's facility, and limited and general information regarding the person's condition;

- To prevent a serious threat to health or safety;
- To carry out treatment and health care operations functions through medical transcription services;
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority;
- National security and intelligence activities;
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.

**YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.**

Except as described previously, Reflect Counseling Services will not use or disclose information from your record unless you authorize (permit) in writing the Reflect Counseling Services to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

**YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI).**

- You have the following rights regarding your health information, provided that you make a written request to invoke the right to Reflect Counseling Services.
- Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied. The reason for the denial will be sent to you in writing by Reflect Counseling Services.
- Right to request a clarification of record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. Reflect Counseling Services is not required to accept the information that you propose.
- Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations. Right to receive notice of a breach. You have the right to be notified upon a breach of any of your unsecured PHI.
- Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.

**REQUIREMENTS REGARDING THIS NOTICE.**

Reflect Counseling Services is required to provide you with this Notice that governs our privacy practices. Any time you come to Reflect Counseling Services for an appointment, you may ask for and receive a copy of this notice.

**QUESTIONS/COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a complaint with Reflect Counseling Services by contacting Privacy Officer, Jessica Schild at 415-390-5835. You will not be penalized or retaliated against in any way for filing a complaint. Further, if you believe your privacy rights have been violated, you may file a written complaint with the Secretary of the Department of Health and Human Services.

I have read and received a copy of the HIPAA NOTICE OF PRIVACY PRACTICES, and have had my questions about privacy and confidentiality sufficiently answered. I understand the terms of this HIPAA Notice:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_