

Hope Cottage Pregnancy and Adoption Center Notice of Privacy Practices

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

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your client file may contain personal information about your health and/or the health of your child(ren). This information, that may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (“PHI”). Your written authorization is required before we can use or disclose medical information and counseling notes, which are defined as notes documenting or analyzing the contents of conversations during your counseling sessions and that are separated from the rest of your clinical file. Counseling notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. There are times however, when use or disclosure of your PHI including counseling notes, is permitted or mandated by law even without your authorization. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment. It is our policy to protect the confidentiality of your PHI to the best of our ability and to the extent permitted by law.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Services: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment: We may use and disclose PHI so that we can receive payment for the services provided to you. Payment-related activities may include: a) making a determination of eligibility or coverage for insurance benefits, b) processing claims with your insurance company, c) reviewing services provided to you to determine medical necessity, or d) undertaking utilization review activities. If it is necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Business Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing reviews, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or computer services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Other Allowable Uses and Disclosure without Authorization:

- We may use and disclose your PHI to contact you and remind you of an appointment.
- We may use your contact information from your PHI for the purposes of fundraising*.

- We may use your contact information from your PHI for the purposes of marketing*; to include only correspondence directly from Hope Cottage, including newsletters or other general circulation materials to notify you of services, events and benefits that may be of interest to you. PHI will not be released to third parties for marketing purposes.
- We may use your PHI for use in a facility directory.*

***NOTE:** You will have the opportunity to opt out of any future communications. Contact the Privacy Officer on this Notice for instructions on opting out.

Required by Law: Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

CATEGORIES OF USES AND DISCLOSURES PERMITTED BY HIPAA WITHOUT AN AUTHORIZATION:

Abuse and Neglect: We may disclose your protected health information to a public health authority who is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information to the governmental entity or agency authorized to receive such domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Business Associates: Under a written agreement requiring Business Associates to protect the information. Business Associates are entities that assist with or conduct activities on our behalf including individuals or organizations that provide legal, accounting, administrative, and similar functions.

Judicial and Administrative Proceedings: When required by law in so far as the use or disclosure complies with and is limited to the relevant requirements of such law.

Examples:

- To defend ourselves in a legal action or other proceeding brought by you against our agency or staff.
- In the course of any judicial or administrative proceeding in response to:
 - an order of a court or administrative tribunal so long as only the PHI expressly authorized by such order is disclosed, or
 - a subpoena, discovery request or other lawful process, that is not accompanied by an order of a court or administrative tribunal so long as reasonable efforts are made to give you notice that your PHI has been requested or reasonable efforts are made to secure a qualified protective order, by the person requesting the PHI.
- Child custody cases and other legal proceedings in which your mental health or condition is in issue are the kinds of suits in which your PHI may be requested.
- In addition, we may use your PHI in connection with a suit to collect fees for our services.
- In compliance with a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer, a grand jury subpoena or summons, a civil or an authorized investigative demand or similar process authorized by law, provided that the information sought is relevant and material to a legitimate law enforcement inquiry, the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, and de-identified information could not reasonably be used.

Deceased Persons: To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. To funeral directors consistent with applicable law as necessary to carry out their duties with respect to the decedent.

Emergencies: In the event of an emergency to any treatment provider who provides emergency treatment to you.

Family Involvement in Care: Using your counselor’s best judgment, to a family member, other relative or close personal friend or any other person you identify, we may disclose PHI that is relevant to that person’s involvement in your care or payment related to your care.

Health Oversight: To a health oversight agency for oversight activities authorized by law as they may relate to our agency (i.e. audits; civil, criminal or administrative investigations, inspections, licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions.)

Inmates: Under certain circumstances, we may disclose the Protected Health Information of inmates of a correctional institution.

Law Enforcement: To a law enforcement official if we believe in good faith that the PHI constitutes evidence of criminal conduct that occurs on our premises.

National Security: To authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and implementing authority.

Public Health: To a public health authority that is authorized by law to collect or receive such information for the purposes of preventing or controlling a disease, injury or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth, death, and the conduct of public surveillance, public health investigations, and public health interventions.

To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such persons as necessary in the conduct of a public health intervention or investigation.

Public Safety (Duty to Warn): If 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 and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research/Teaching/Training: We may disclose your Protected Health Information to researchers when the research is being conducted under established protocols to ensure the privacy of your information. We may use your information for the purpose of teaching and training as well.

Worker’s Compensation: To the extent authorized by and the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Verbal Permission: We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Barbara Wallace, at 4209 McKinney Avenue, Dallas, Texas, 75205.

Right of Access to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care, *except* for *counseling notes*; information compiled in reasonable anticipation of *legal action or proceeding*; and confidential information related to certain laboratory tests under *CLIA*. Your right to

inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or another person, or the information makes reference to another person and that the access requested is reasonably likely to cause substantial harm to such other person. You may request copies of your PHI by providing Hope Cottage with a written request for such copies. We will provide you with copies within ten (10) business days of your request at our office. You will be charged \$.25 for each page copied and you will be expected to pay for the copies at the time you pick them up.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. We are required to act on your request to amend your PHI within sixty (60) days but this deadline may be extended for another thirty (30) days upon written notice to you. If we deny your requested amendment we will provide you with written notice of our decision and the basis for our decision. You will then have the right to submit a written statement disagreeing with our decision which will be maintained with your PHI. If you do not wish to submit a statement of disagreement you may request that we provide your request for amendment and our denial with any future disclosures of your PHI.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI within the past 6 years of your request. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Exemptions from the accounting requirement include the following:

- Disclosures necessary to carry out treatment, payment and health care operations.
- Disclosures made to you upon request.
- Disclosures made pursuant to your authorization.
- Disclosures made for national security or intelligence purposes.
- Permitted disclosures to correctional institutions or law enforcement officials.
- Disclosures that are part of a limited data set used for research, public health or health care operations.

We are required to act on your request for an accounting within sixty (60) days but this deadline may be extended for another thirty (30) days upon written notice to you of the reason for the delay and the date by which we will provide the accounting. You are entitled to one (1) accounting in any twelve (12) month period free of charge. For any subsequent request in a twelve (12) month period you will be charged \$.25 for each page copied and you will be expected to pay for the copies at the time you pick them up.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for services provided, payment, or health care operations. We are not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that we communicate with you about PHI matters in a certain way or at a certain location.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 4209 McKinney Ave., Dallas, TX 75205 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257 or 214-526-8721, ext. 205. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is April 14, 2004.