

Plano Counseling Solutions

NOTICE OF PRIVACY PRACTICES HIPAA Compliance as of April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
PLEASE REVIEW IT CAREFULLY**

OUR COMMITMENT TO YOUR PRIVACY

We understand that medical information about you and your health is personal, and we are committed to protecting that information. We create a record of your benefits, eligibility status, and claims history. We need this record to provide you with quality health care services and to comply with certain legal requirements. Hospitals, physicians, and other health care providers may have different policies or notices regarding their uses and disclosures of your medical information. This Notice will tell you about the ways in which we may use and disclose medical information to you. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private; to give you this Notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION TO YOU

We will not disclose your medical information to anyone, except with your authorization or as otherwise permitted or required by law. For some activities, we must have your written authorization to use or disclose your medical information. However, the law permits us to use or disclose your medical information for the following purposes without your authorization:

Payment

We may use and disclose your medical information in order to obtain payment for your medical treatment. These activities may include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you to determine medical necessity, and undertaking utilization review or case management activities with respect to your claims. For example, we may use and disclose your medical information to obtain payment for your provided treatment.

Health Care Operations

We may use or disclose medical information about you for our insurance and pre-authorization operations. These uses and disclosures are necessary to run the center and make sure that you receive the treatment your physician has prescribed for you. Here are some examples of the ways that we use your medical information for our health care operations:

- Disclosures to medical consultants to determine the medical necessity of treatment recommended by your physician;
- Recovery of payments;
- Conduct of reconsiderations and appeals; and
- Disclosures to insurance networks for purposes of negotiating payment for services rendered.

As Required By Law

We will disclose medical information about you when required to do so by federal, state, or local law. We may also share your medical information with the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy laws.

To Avert a Serious Threat to Health or Safety

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We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only to someone able to help prevent the threat.

Special Situations

We may also use or disclose your medical information without your authorization in the following situations:

- **Health Oversight**

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Health oversight agencies include federal and state government agencies that oversee health service entities, and certain other government regulatory programs.

- **Public Health Risks**

We may disclose medical information about you for public health activities, which may include (1) the prevention or control of disease, injury, or disability, and (2) notifying people of recalls of products they may be using.

- **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

- **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official: (1) in response to a court order, subpoena, warrant summons or similar process; (2) to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; or (5) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- **For Specific Government Functions**

We may disclose your medical information for the following specific government functions: (1) health information of military personnel, as required by military authorities; (2) health information of inmates, to a correctional institution or law enforcement official; and (3) for national security reasons.

- **Workers' Compensation**

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

YOUR RIGHTS

The following is a statement of your rights with respect to your medical information and a brief description of how you may exercise these rights:

The right to inspect and receive a copy of your medical information

You may inspect and obtain a copy of medical information about you for as long as we maintain the medical information. We may charge you a fee for the costs of copying, mailing, or providing other supplies that are necessary to grant your request. You have the right to choose to obtain a summary instead of a copy of your medical information.

Under federal law, however, you may not inspect or copy psychotherapy notes or psychological evaluation information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding. In some circumstances, you may have the right to have our decision to deny you access to your medical information reviewed. Please contact our office if you have any questions about access to your medical information.

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The right to request restrictions on certain uses and disclosures of your medical information

However, we are not required to agree to a restriction that you request. If we do agree to requested restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit uses or disclosures of information that are required by law. You may request a restriction by calling or writing to our office.

The right, in some cases, to have your medical information amended

You may request that we amend your medical information that is incorrect or incomplete for as long as we maintain the information. In certain cases, we may deny your request for amendment. You have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and provide you with a copy of such rebuttal. Any statement of disagreement will become a permanent part of our records. To request an amendment, you must send a written request, along with the reason for your request, to our office.

The right to receive an accounting of certain disclosures of your medical information

You have the right to receive an accounting of disclosures of your medical information we have made after April 14, 2003, for purposes other than disclosure for (1) our treatment, payment, or health care operations, (2) you or based on your authorization, (3) certain government functions. To request an accounting, you must submit a written request to our office. You must specify the time period, which may not be longer than 6 years.

The right to disclose your medical information

Uses and disclosures of your medical information that are not covered by this Notice or by applicable laws will only be made with your written authorization. You may also revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the Revised Notice effective for the medical information we already have about you, as well as any information we receive in the future.

COMPLAINTS

You may contact us or the Secretary of the United States, Department of Health and Human Services, if you believe your privacy rights have been violated. To file a complaint with Plano Counseling Solutions, please contact our office. All complaints must be submitted in writing. No retaliatory action will be taken against you for filing a complaint.

Patient/Client Signature

Date

Patient/Guardian/Parent Signature

Date