

ABHS NOTICE OF PRIVACY PRACTICES

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

This notice is effective from December 21, 2016, until revised by ABHS.

Anxiety and Behavioral Health Services (ABHS) handles psychological and medical information about you. Federal and State law determine how this information is handled. To comply with these laws, ABHS requests that you review this Notice and then sign an Acknowledgement Form, which states that you have been given an opportunity to review this Notice of Privacy Practices and that you have been offered a copy of this Notice for your records.

ABHS is allowed by law to use and disclose information about you for three purposes: 1) treatment, 2) payment (when applicable), and 3) health care operations. If any protected health information (PHI; information in your health record that could identify you) is to be used for any other purpose, a written Authorization from you will be required. Other information about your rights and policies regarding your PHI are described below.

Types of Uses and Disclosures

- **Treatment:** Consultation, diagnosis, providing care and referrals. Examples of treatment disclosures include the disclosure of psychological information about you to your primary care physician or other health care providers to assist in your diagnosis and treatment.
- **Payment:** Everything related to billing and collection of fee for service. This includes giving PHI to your insurance company (when applicable). In addition, ABHS can give your name and information related to your bill to a collection agency if you do not pay your bill after repeated billing attempts have been made.
- **Health Care Operations:** Activities that relate to the performance and operation of ABHS. Examples of health care operations are quality assessment and improvement activities and business-related matters such as audits and administrative services. **We participate in an organized healthcare arrangement through OhioHealth Group, Ltd. (Health⁴). Health⁴ consists of an organized system of healthcare in which multiple covered entities participate. Through Health⁴, we participate in joint activities that include utilization review, quality assessment and improvement activities, and certain payment activities. We may disclose your PHI to other participants in this organized healthcare arrangement in order to facilitate the healthcare operations activities of Health⁴.**
- **Restriction on Disclosures:** Please note that you have the right to restrict certain disclosures of PHI to insurance companies if you pay out of pocket in full for your services.

Uses and Disclosures Requiring Authorization

ABHS may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. Your authorization is also required before releasing your psychotherapy notes (notes your therapist has made about your conversation during a private, group, joint, or family counseling session) for most purposes. Psychotherapy notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that your therapist has relied on that authorization or 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.

Uses and Disclosures with Neither Consent nor Authorization

ABHS may use or disclose PHI **without** your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety:** If we believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, ABHS may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm.

- **Abuse or Neglect of Children, the Elderly, or Other Vulnerable Adults:** Any suspicion of abuse or neglect of a child or an elderly or other vulnerable adult may, by law, have to be reported by ABHS to the appropriate county or state authorities.
- **Treatment of Minors:** If you are under the age of 18 years, your parent(s) have the right to obtain information about your treatment. (An exception to this is that, if you are age 14-17, you may have up to four sessions with the therapist without your parents knowing. You will be responsible for paying for these sessions.)
- **Judicial or Administrative Proceedings:** PHI may be released in response to a court order or administrative tribunal (as explicitly authorized) if you are implicated in a court proceeding. Without a direct court order, or your formal authorization, PHI will not be released by ABHS to the court.
- **Governmental Oversight:** The government can require release of PHI if it pertains to national security, public health, the military, or a coroner or medical examiner.
- **Worker's Compensation:** If you file a worker's compensation claim, ABHS may be required to give your PHI to relevant parties and officials.
- **Other Situations as Required by Law:** If required by law, use and disclosure will be limited to the relevant requirements of the law. You will be notified as required by law of any such use and disclosure of your PHI.

Patient's Rights

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI. However, ABHS 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 seeing your therapist. Upon your request, ABHS will send your bills to or contact you at another address.
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your ABHS mental health and billing records for as long as the PHI is maintained in the record. On your request, your therapist will discuss with you the details of the request process. (For a copy of your PHI and/or psychotherapy notes, the following fees are charged: one dollar per page for the first ten pages; fifty cents per page for pages

eleven through fifty, and twenty cents per page for pages fifty-one and higher.)

- **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 therapist will add your requested information to the record; no portions of the record are deleted. On your request, your therapist 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 for which you have neither provided consent nor authorization, or which are not part of treatment, payment, or health care operations. On your request, your therapist 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 this notice from ABHS upon request.

Psychologist's Duties

- ABHS is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- ABHS reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, we are required to abide by the terms currently in effect.
- If ABHS revises its privacy practices, the new privacy practices will be posted in the Reception Area and, if you are currently receiving ABHS services, you will be offered a copy of the revised notice.
- **Breach Notification:** If ABHS ever discovers a breach in unsecured PHI you will be notified. A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. Examples of a breach include PHI that is stolen, improperly accessed, or inadvertently sent to the wrong place. PHI is "unsecured" if it is not encrypted to government standards.

Complaints

If you have questions about this Notice, disagree with a decision made by your therapist, or have other concerns about your privacy rights, please speak directly with Dr. Beth McCreary, the Privacy Officer for ABHS. She may be reached at 6797 N. High Street, Suite 214, Worthington, OH, 43085, telephone 614-436-5030. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. McCreary can provide you with the appropriate address upon request. ABHS and its staff are prohibited by law from retaliating in any way against you for filing a complaint.