**SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC.**

**NOTICE OF PRIVACY PRACTICES**

**Compliance Date: September 23, 2013**

The Department of Health and Human Services (HHS) in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information for Economic and Clinical Health Act (HITECH) issued Privacy Regulations that created national standards to protect individuals’ medical records and other personal health information, referred to as (PHI). These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think your rights are being denied or if your health information isn't being protected.

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Gain Access To This Information.

Please Review It Carefully.

**UNDERSTANDING YOUR HEALTH INFORMATION**

Each time you receive health care services from Southwest Arkansas Counseling & Mental Health Center, Inc. (the Center), a record of your service is made. Generally, this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care. This information, often referred to as your medical record, serves as:

* Basis for planning your care and treatment
* Method of communicating with health care professionals who contribute to your care
* Legal document describing the care you received
* Means by which you, a third-party payer or health plan can verify that services billed were actually provided
* A tool in educating health care professionals, clinical and support staff
* A source of information for public health officials charged with improving the health of the nation (communicable diseases)
* A tool with which we can assess and continually work to improve the care we render and outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information and helps you to make more informed decisions when authorizing disclosures to others.

**YOUR HEALTH INFORMATION RIGHTS**

Although your medical record is the physical property of the Southwest Arkansas Counseling & Mental Health Center, Inc. or the facility that compiled it, the information belongs to you. Under HIPAA you have the right to:

* Request restriction on certain uses and disclosures of your information as provided by Section 45 CFR 164.522.
* Obtain a paper copy of this Notice of Privacy Practices upon request.
* Amend your medical record as provided for in Section 45 CFR 164.528.
* Obtain an accounting of the disclosures of your health information as provided in Section 45 CFR 164.528.
* Request communications of your health information (medical record) by alternative means or at alternative locations (i.e., by cell phone, work phone, or email).
* Right to access, inspect or copy designated PHI maintained in a designated record set upon written request. A response is required within 30-days of the written request, within limits of the law, unless determined not clinically advisable. If deemed not clinically advisable, the information may be released to the client’s legally authorized representative.

**EXCEPT FOR:**

* Psychotherapy notes (in which the Arkansas State Statute deems that, if the information could be detrimental to the patient’s health, inspection and copy of the record can be denied);
* Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and
* Certain information under Clinical Lab Improvements Amendments that prohibits access.

Any use and disclosure of your PHI not described in this Notice will be made solely upon your written authorization. You may revoke your authorization at any time. We will not disclose your PHI after we receive your cancellation, except for the disclosures that were being processed before we received your cancellation.

**OUR RESPONSIBILITIES**

Southwest Arkansas Counseling & Mental Health Center, Inc. is required by law to:

* Maintain the security and privacy of your health information.
* Provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
* Abide by the terms of this Notice, until such time as our privacy practices or the law changes.
* Notify you if we are unable to agree to a requested restriction.
* Accommodate reasonable requests you may have to communicate with you about your PHI by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain including any information compiled before the change. We will provide you with written notification should our information practices change. We will not use or disclose your health information without your consent, except as described in this Notice.

### For More Information or to Report a Problem

If you have questions and would like additional information, you may contact any staff member with your concerns or direct your questions to the Chief Information Officer at 1-800-652-9166. If you believe your privacy rights have been violated, you can file a complaint with the Director of Health Information Management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

We will use and disclose your information for treatment, payment for services rendered, and health care operations. Examples are included for information purposes. If you have any questions about these or other permitted uses and disclosures of your PHI, please discuss these with a Southwest Arkansas Counseling & Mental Health Center, Inc. service provider.

**TREATMENT**

Information obtained by a nurse, physician, therapist or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that will be best for you. Your physician or therapist will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the treatment team will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider (upon written request and by proper authorization) with copies of various reports that should assist him or her in treating you once you are discharged from our facility.

**PAYMENT**

A bill may be sent to you, a third-party payer or health plan. The information on or accompanying the bill may identify you, your diagnosis and the services you were provided. You have the right to restrict certain disclosures of PHI to a health plan if you have paid the out of pocket expenses in full for the health care services you received.

**HEALTH CARE OPERATIONS**

Members of the medical staff, risk management and quality improvement team may use information in your health record to assess the quality and effectiveness of the health care services you have been provided. These “health care operations” allow us to improve the quality of care we provide and cooperate with government and other regulatory agencies like CARF on accrediting healthcare organizations and reducing health care costs.

**BUSINESS ASSOCIATES**

Some services in our organization are provided through contracts with business associates (for example: laboratories, patient assistance programs, typing services and data warehouses). These associates must receive your health information in order to perform the jobs we have asked them to do. However, they are obligated to safeguard your information in a manner consistent with our policies and as required by law.

**BREACH NOTIFICATION**

The Dept. of Health and Human Services requires that we notify you in the event that your PHI is used or disclosed without your permission and without meeting one of the criteria listed in this Notice. In the event of a breach, you will be notified within 30 days of its discovery.

**MARKETING**

We are required to obtain your consent to use and disclose your PHI for marketing or sales purposes. To make you aware of a product or service that may be beneficial to you we will explain why you have been selected and how the product or service relates to your health. We will communicate with you in a face-to-face encounter to:

* Identify ourselves as the party making the communication;
* Inform you that we may receive monetary compensation for communicating the information to you (when that is the case);
* Provide you with instructions on how to discontinue receipt of these communications.

**COMMUNICATION WITHOUT YOUR CONSENT**

In the event of an emergency, we may use or disclose your PHI to contact a family member, personal representative, or another person responsible for your care and general condition without your consent. For example, if you become incapacitated or we are responding to a medical emergency, even one that is not on our premises, all of your PHI may be used or disclosed.

As required by law, your PHI may be disclosed without your consent under the following circumstances:

* Federal, state, local law or other judicial or administrative proceedings;
* Public Health Activities, to prevent risk of spreading disease;
* To Avert a Serious Threat to the Health and Safety of the Public;
* Suspected Abuse, Neglect or Domestic Violence;
* Health Oversight Activities to a state or federal health oversight agency authorized by law to oversee our operations, and conduct audits, investigations, and inspections necessary to ensure compliance with government regulations;
* Law Enforcement Purposes such as reporting certain types of physical injuries; reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process.
* Related to Decedents. Disclosures to a coroner or medical examiner for the purpose of identifying you should you die.
* In the event of a Medical Emergency.

**WORKERS COMPENSATION**

We may disclose PHI to the extent authorized by and necessary to comply with laws relating to Workers Compensation or other similar programs.

**ALCOHOL & SUBSTANCE ABUSE RECORDS**

The confidentiality of alcohol and substance abuse records maintained by this agency’s substance abuse services program is protected by Federal Regulations 42 CFR, Part 2. We may not confirm or deny that a patient attends the program, or disclose any information about a patient unless one of the following conditions is met:

* The patient consents in writing;
* The disclosure is allowed by a court order;
* The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of this federal law and regulation is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Clients who receive services that are funded by the Arkansas Dept. of Health and the Alcohol and Drug Abuse Prevention Program (ADAP) also have the right to contact those agencies directly if the Center’s internal grievance process is unsatisfactory in addressing the grievance.

Federal laws and regulations DO NOT protect any information about a crime committed by a patient either at the program, against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations DO NOT protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

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