

EPIPHANYE COUNSELING SERVICES
NOTICE OF YOUR RIGHTS AND
PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

YOUR RIGHTS

HIPAA provides you rights regarding your Clinical Records and disclosures of protected health information. I am happy to discuss any of these rights with you.

These rights include:

- Requesting that I amend your record
- Requesting restrictions on what information from your Clinical Records is disclosed to others
- Requesting an accounting of most disclosures of protected health information that you have neither consented nor authorized
- Determining the location to which protected information disclosures are sent
- Having any complaints you make about our policies and procedures recorded in your records
- Requesting a paper copy of the informed consent and our privacy policies and procedures.

As a client you also have the right to the following:

- Privacy and confidentiality regarding the services you receive. All information about you and your treatment, whether written or oral, is protected under Federal and State laws.
- The right to refuse services at any time. You have the right to withdraw your consent to receive services and discontinue services at any time.
- The right to information concerning your treatment and/or care.
- The right to know treatment recommendations and the possible outcomes if you choose not to follow the recommendations.
- The right to express any concerns or complaints regarding the services you receive

The Privacy Rule provides that an individual has a right to adequate notice of how a covered entity may use and disclose protected health information about the individual, as well as his or her rights and the covered entity's obligations with respect to that information. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. This notice describes how health information about you may be used and disclosed, and how you can obtain access to this information. Please review it carefully.

Epiphanye Counseling Services uses your health information for your treatment to obtain payment for treatment, administrative purposes, such as billing and accounting and to evaluate the quality of care that you receive. Your health information is kept in an electronic medical record system and may be stored electronically on a USB flash drive/external back up disc or in a paper file stored in a locked cabinet in the office.

You should be aware that, pursuant to HIPAA, we keep Protected Health Information about you in professional records. These records constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, information provided by you, your billing records, and any reports that have been sent to anyone.

We May Use or Disclose Your Health Information for Treatment

We may use your health information to provide you with mental health treatment or services. For example, information obtained by a mental health provider, such as a psychiatrist, psychologist, social worker, or

other person providing mental health services to you, will record information in your record that is related to treatment. This information is necessary for mental health providers to determine what treatment you should receive. Mental health providers will also record actions taken by them in the course of your treatment and your response to their treatment.

Payment. We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, ESC utilizes pay pal merchant to collect payment for any services render or a bill may be sent to you. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment or service.

Health Care Operations. We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the clinical staff. Healthcare operations include the following activities:

- Risk or quality improvement personnel, and other personnel to evaluate the performance of staff
- Assess the quality of care and outcomes in your cases and similar cases
- Improve our facilities and services
- Determine how to continually improve the quality and effectiveness of the mental health care we provide.
- Training programs, including those in which students, trainees, or practitioners in health care learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

Appointments. We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund Raising. We may use your information to contact you to raise funds for our organization.

Required by Law. We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes: judicial and administrative proceedings pursuant to legal authority; report information related to victim of abuse, neglect or domestic violence; and assist law enforcement officials in their law enforcement duties.

Public Health. Your health information may be used or disclosed for public health authorities or other legal authorities to prevent or control disease, injury, or disability or for other health oversight activities.

Decedents. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation.

Research. We may review your mental health information to determine if your protected health information is needed for research projects. To the extent that information is needed, an institutional review board or privacy board will review the research proposal and established protocols to ensure the privacy of your health information.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions, such as protection of public officials or reporting to various branches of the armed forces.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Other Uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have relied on it.

Your Health Information Rights

You have the right to:

- Request restriction on certain uses and disclosures of your information as provided; however, we are not required to agree to a requested restriction.
- Obtain a paper copy of this notice of Privacy Practices upon request.
- Inspect and obtain a copy of your health record as provided by law.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent we have already taken action based upon your authorization.
- Receive an accounting of disclosures made of your health information.

If you have any questions or complaints, please contact the Privacy Official at 1 (248) 797-1188. You may also complain to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. ESC reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be made available to you at our offices and/or via e-mail.