

## NOTICE of PRIVACY POLICY

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

During the process of providing services to you, CCC Therapy Center will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below. This Notice is required by a federal law known as HIPAA and describes how we may use and disclose your protected health information in accordance with that law. CCC Therapy Center is required to abide by the terms of this Notice, or any amended Notice that may follow. This Notice is effective January 1, 2017.

#### **OBLIGATIONS:**

CCC Therapy Center is required by State and Federal law to maintain the privacy of protected health information. CCC Therapy Center is required by law to provide clients with notice of our legal duties and privacy practices with respect to protected health information. There are circumstances where other state and federal laws are more stringent (strict) than HIPAA, and in such cases, we will follow those laws with respect to the limitation on uses and disclosures of your information. We will notify you of a breach of your unsecured protected health information.

#### **USES AND DISCLOSURES:**

CCC Therapy Center may use and disclose protected health information without your consent in the following ways:

- a. Treatment. We will use and disclose your health information to provide, coordinate, or manage health care (including mental health care) and related services. For example, staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.
- b. Payment. We will use and disclose your health information for payment purposes. For example, we will use your information to develop accounts receivable information, bill you, and provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.
- c. Health Care Operations. Health Care Operations refers to activities undertaken by CCC Therapy Center that are regular functions of management and administrative activities. For example, we may use and disclose your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.
- d. Contacting the Client. We may contact you to remind you of appointments, to tell you about treatments or other services that might be of benefit to you, and/or for billing purposes. Contacting the client will be done via postal mail, electronically, and/or via social media including but not limited to phone call/text message, email, client portal, Face Book.
- e. Required by Law. CCC Therapy Center will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when required to report certain communicable diseases and certain injuries; and (e) when a coroner is investigating a client's death.
- f. Family Members. Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the

circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.

g. Emergencies. In life threatening emergencies we may disclose information necessary to avoid serious harm or death.

**AUTHORIZATIONS :**

CCC Therapy Center may not disclose protected health information in any way other than described in this Notice without written authorization. Examples include certain disclosures of psychotherapy notes, marketing communications, and disclosures that constitute a sale of your information. You may revoke authorizations at any time except to the extent ARC has already used or disclosed such information.

**YOUR PRIVACY RIGHTS:**

You have rights with respect to your protected health information. To exercise any of these rights, contact CCC Therapy Center Office Manager at (812) 820-9643.

Access to Your Information. You have the right to inspect and obtain a copy of the protected health information we maintain about you. There are some limitations to this right, which will be explained to you at the time of your request, if applicable.

Amendment of Your Record. You have the right to request that CCC Therapy Center amend (correct) your protected health information. We are not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be explained to you at the time of your request, if relevant, along with the appeal process available to you.

Accounting of Disclosures. You have the right to know when we have disclosed your information without your consent for purposes other than treatment, payment, and health care operations. There are other exceptions that will be explained to you, if applicable.

Request Restrictions. You have the right to request additional restrictions on the use or disclosure of your health information. We do not have to agree to that request unless you ask us to restrict disclosure to a health plan that 1) is for payment or health care operations purposes and is not otherwise required by law, and 2) the protected health information relates solely to a health care item or service for which you paid us in full.

Confidential Communications. You have the right to request that we communicate with you by alternative means or at alternative locations. For example, if you do not want us to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be explained to you at the time of the request process, if applicable.

Copy of this Notice. You have a right to obtain another copy of this Notice upon request.

**COMPLAINTS:**

If you believe CCC Therapy Center has violated your privacy rights, you have the right to file a complaint with CCC Therapy Center with the Office of Health and Human Services. To file a complaint you must submit the complaint in writing.

**CHANGES TO THIS NOTICE:**

CCC Therapy Center reserves the right to change the terms of this Notice and to make the new provisions effective for all protected health information that we maintain. When the Notice is revised, the revised Notice will be posted in CCC Therapy Center facility.

**ACKNOWLEDGMENT RECEIPT: NOTICE OF PRIVACY POLICY**

In signing this form, you acknowledge that you have reviewed our Notice of Privacy Practices and have had the opportunity to ask questions. This Notice explains how we plan to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. This applies to the privacy practices of CCC Therapy Center and all affiliated covered entities of CCC Therapy Center issuing this Notice.

You have the right to receive a copy of our Notice of Privacy Practices. It provides details on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested through any staff member.

By signing this form, you acknowledge you have reviewed our Notice of Privacy Practice and that CCC Therapy Center and all affiliated covered entities can use and disclose your protected health information in accordance with HIPAA.

\_\_\_\_\_  
Printed name of client

\_\_\_\_\_  
Printed name of parent/guardian (if under 18)

\_\_\_\_\_  
Client Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date