



Notice of Privacy Practices

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated some parts of this Notice are very detailed and you may have to read them several times to understand them. If you have any questions our Privacy Officer will be happy to help you understand our procedures and your rights. Her name and address are at the end of this Notice.

To our clients

This Notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of federal government are very complicated and we don't want to make you read a lot that may not apply to you, we have removed a few small parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for more explanations or more details.

What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic or any other healthcare provider, information is collected about you and your physical and mental health. It may be information about your past, present or future health conditions or the tests and treatment you got from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, **Protected Health Information** (PHI). This information goes into your healthcare file at our office.

In this office the PHI is likely to include the following kinds of information:

- ✚ Your history. As a child, in school and at work, marriage and personal history.
- ✚ Reasons you came for treatment. Your problems, complaints, symptoms or needs.
- ✚ Diagnoses, that is, the medical terms for your symptoms.
- ✚ A treatment plan. A list of the treatments and any other services which we think will be best to help you.
- ✚ Progress notes. Each time you come in we write down some things about how you are doing, what we notice about you and what you tell us.
- ✚ Records we get from others who treated or evaluated you.
- ✚ Psychological test scores, school records, and other reports.
- ✚ Information about medications you took or are taking.
- ✚ Legal matters.
- ✚ Billing and insurance information.

The above list is just a sample of the type of information we keep in your healthcare record.



We use this information for many purposes. For example, we may use it:

- ✦ To plan your care and treatment.
- ✦ To determine how well our treatments are working for you.
- ✦ When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- ✦ To show that you actually received the services from us which we billed to you or to your health insurance company.
- ✦ For teaching and training other healthcare professionals.
- ✦ For psycho-social research.
- ✦ To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, we believe you can make better decisions about whom, when, and why others should have this information.

Although your health record is the physical property of The Perissos Center, the information belongs to you. If you want, our Privacy Officer, whose name is at the end of this Notice, can explain more about this and the accessibility of information in your health record.

Privacy and the law

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices which is called the Notice of Privacy Practices (NPP). We will obey the rules of this notice as long as it is in effect. You, or anyone else can also get a copy from our Privacy Officer and it is posted on our website: www.perissoscenter.com.

How your protected health information can be used and shared

When your information is read by your therapist or others at The Perissos Center, and used by us to make decisions about your care, that is called, in the law, **use**. If the information is shared with or sent to others outside this office, that is called, in the law, **disclosure**. Except in some special circumstances, when we use your PHI here or disclose it to other we share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed.

We use and disclose PHI for several reasons. Mainly, we will use and disclose it for routine purposes. For other uses we must tell you about them and have a written Authorization from you unless the law lets or requires us to make the disclosure without your authorization. The following describes this in detail.

Uses and disclosures of PHI in healthcare with your consent

After you have read this Notice you will be asked to sign a separate consent form to allow us to use



and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide for your treatment, arrange for payment for our services, or some other business functions called “health care operations.” Together these routine purposes are called TPO (treatment, payment, operations). The consent form allows us to use and disclose your PHI for TPO. The TPO consent form must be signed before we can begin to treat you. The following information may help you in your decision-making process toward signing the form.

Treatment

We use your medical information to provide you with psychological treatments and services. These might include:

- ✚ Individual, family or group therapy
- ✚ Psychological testing
- ✚ Treatment planning
- ✚ Measuring the benefits of our services.

We may share or disclose your PHI to others who provide treatment to you. In these types of situations you would sign a specific authorization form for the sharing of that information. If you are being treated by a team we can share some of your PHI with them so that the services you receive can be coordinated and collaborative. We may refer you to other professionals or consultants for services we cannot provide. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your record at The Perissos Center. If you receive treatment in the future from other professionals we can also share your PHI with them.

Payment

We may use your information to bill you, your insurance or others so we can be paid for the treatments we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we meet, your progress, and other similar things.

Operations

We may use your PHI to see where we can make improvements in the care and services we provide. If we do, your name and personal information will be removed.

Other uses

Appointment reminders:

We may use and disclose medical information to reschedule or remind you of an appointment for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you just tell us so that we can help you arrange that.

Treatment alternatives:

We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.



Research:

We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or more efficiently. In all cases your name, address and other personal information will be removed from the information given to researchers. If they need to know who you are we will discuss the research project with you and you will have an opportunity to determine whether or not to be a research participant. If you decide to take part you will have to sign a special Authorization form before any information is shared.

Business Associates:

There are some jobs we hire other businesses to do for us. In the law, they are called our Business Associates. Examples include accountants and computer technicians. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with us to safeguard your information.

Uses and disclosures that require your Authorization

If we want to use your information for any purpose besides the TPO or those described above we need your permission on an Authorization form. If you do authorize us to use or disclose your PHI, you can revoke that permission in writing, at any time.

Use and disclosure of PHI from mental health records that do not require Consent of Authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Some examples follow.

When required by law

There are some federal, state or local laws that require us to disclose PHI. Some examples include:

- ✚ We must report suspected child abuse.
- ✚ If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer (with your permission) or trying to get a court order to protect the information they requested.
- ✚ We must disclose some information to the government agencies which check on us to see that we are obeying the privacy laws.

To prevent a serious threat to health or safety

If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI.

Uses and disclosures where you have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

In the case of an emergency – and we are not able to ask if you agree – we can share information if we



believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, within these conditions, we will tell you as soon as we can. If you do not approve we will stop, as long as it is not against the law.

An accounting of disclosures

When we disclose your PHI we may keep some record of who received the information, when we sent it, and what we sent. You can get an accounting of many of these disclosures.

Your rights regarding your health information

You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.

You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members. We will keep our agreement except if it is against the law, in an emergency or when the information is necessary to treat you.

Notices, Consents and Authorizations

You have the right to look at the health information we have about you. You can even get a copy of these records, but you will be charged for the cost of reproducing the records. Contact our Privacy Officer identified below to arrange how to see your records.

If you believe the information in your record is incorrect or missing important information, you can ask us to make some kinds of changes to your health information although we are not required to agree to the amendment. You must make this request in writing and send it to our Privacy Officer. You must tell us the reason you want the changes.

You have a right to a copy of this Notice. If we change the NPP we will ensure that all active clients receive a copy of the updated form. It will also be made available to all new or returning clients at the initiation of services.

You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. We promise that we will not, in any way, limit your care here or take any actions against you if you complain.

If you have questions or problems

If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer, Nada Marie Brzovich, who can be reached by phone at (847) 827-0600 extension 200, or by E-mail at nmb@perissoscenter.com.