

## Morning Star Psychotherapy Associates

Notice of Policies and Practices to Protect the Privacy of Your Health Information  
THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

This clinic may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes **with your consent**. To help clarify these terms here are some definitions:

“PHI” refers to information in your health record that could identify you.

“Treatment, Payment and Health Care Operations”

- “Treatment” is when this clinic provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your counselor consults with another health care provider, such as your family physician or another mental health provider/clinic.
- “Payment” is when the clinic obtains reimbursement for your health care. Examples of payment are when the clinic discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations are activities that relate to the performance and operation of this counseling practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“Use” applies to activities within this office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of this office such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

This clinic may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the clinic is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes.

“Psychotherapy notes” are notes your therapist have made about your conversation during a private, group, joint or family counseling session.

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 (1) this clinic has relied on that authorization; or (2) 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.

### III. Uses and Disclosures with Neither Consent nor Authorization

This clinic may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If this clinic has reasonable cause to suspect that a child seen in the course of therapy has been abused or neglected, or has reason to believe that a child seen in the course of therapy has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, we are required by law to report this to the relevant county department, child welfare agency, police, or sheriff’s department.

**Adult and Domestic Abuse:** If this clinic believes that an elder person has been abused or neglected, we may report such information to the relevant county department or state official of the long-term care ombudsman.

**Health Oversight:** If the Wisconsin Department of Regulation and Licensing requests that this clinic release records to them in order for the Psychologist, LPC (Licensed Professional Counselor) or LMFT (Licensed Marriage and Family Therapy) Licensing Section to investigate a complaint, we must comply with such a request.

**Judicial or Administrative proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release the information without written authorization from when you or your personal or legally-appointed representative, or a court order unless ordered to by a judge. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance, if this is the case.

**Serious Threat to Health or Safety:** If your therapist has reason to believe that you may cause harm to yourself or another, she or he must warn the third party and/or take steps to protect you, which may include notifying law enforcement and instituting commitment proceedings.

**Worker's Compensation:** If you file a worker's compensation claim, we may be required to release records relevant to that claim to your employer or its insurer and may be required to testify.

#### IV. Patients' Rights and This Clinic's Duties:

##### Patients' Rights:

**Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of PHI about you. However, this clinic 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 being seen at this clinic. Upon your request, we will send correspondence to another address.)

**Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of mental health and billing records used to make decisions about you 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.

**Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The clinician may deny your request, but is required to place in the record the requested amendment's contents. On your request, we will discuss with you the details of the request process.

**Right to an Accounting** – You generally have the right to receive an accounting of disclosures or PHI regarding you. On your request, we will discuss with you the details of the request process.

**Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from this clinic upon request, even if you have agreed to receive the notice electronically.

##### This Counseling Clinic's Duties:

We are required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will notify you in writing.

#### V. Questions and Complaints

If you have questions about the notice, disagree with a decision this clinic makes about access to your records, or have other concerns about your privacy rights, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Your therapist will provide you with this address.

You have specific rights under the Privacy Rule. This clinic will not retaliate against you for exercising your right to file a complaint.

#### VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect April 14, 2003. The clinic reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. We will provide you with a revised notice at your next appointment.