



## HIPAA NOTICE OF PRIVACY PRACTICES

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

**Effective 2009 Revised August 2013**

**IT IS THE LEGAL DUTY OF ITS NW TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

By law ITS NW is required to insure that your PHI is kept private. PHI constitutes information created or noted by ITS NW that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. ITS NW is required to provide you with this Notice. ITS NW is required by law to:

- make sure that medical/mental health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical/mental health information about you; and
- follow the terms of the notice that is currently in effect.

### **HOW ITS NW WILL USE AND DISCLOSE MEDICAL / MENTAL HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that ITS NW will use or disclose medical/mental health information. For each category an explanation is provided along with some examples. Not every use or disclosure is listed. However all of the ways we are permitted to use or disclose information will fall within one of the categories.

**For treatment.** ITS NW may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, your ITS NW provider may disclose your PHI to her/him in order to coordinate your care.

**For health care operations.** ITS NW may disclose your PHI to facilitate the efficient and correct operation of the practice. Examples: Quality control - ITS NW might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. ITS NW may also provide your PHI to ITS NW attorneys, accountants, consultants, and others to make sure that ITS NW is in compliance with applicable laws.

**To obtain payment for treatment.** ITS NW will use and disclose your PHI to bill and collect payment for the treatment and services provided to you. Example: ITS NW will send your PHI to your insurance company or health plan in order to get payment for the health care services that have been provided to you. ITS NW will also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for ITS NW.

**Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that ITSNW attempts to get your consent after treatment is rendered. In the event that ITSNW tries to get your consent but you are unable to communicate (for example, if you are unconscious or in severe pain) ITSNW may disclose your PHI.

**As Required By Law.** We will disclose mental health information about you when required to do so by federal, state, or local law. Example: ITSNW will release information if disclosure is required by a search warrant lawfully issued by a governmental law enforcement agency.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order or other lawful process.

**To avoid harm.** ITSNW may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public. Example: If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if an ITSNW provider determines that disclosure is necessary to prevent the threatened danger or, if disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

**If disclosure is mandated by Child Abuse and Neglect Reporting laws.** ITSNW may release mental health information to a law enforcement official as permitted or required by federal, state or local law. An example of this would be reporting of suspected child abuse, suspected elder abuse or abuse of other dependent person.

**For public health risks.** ITSNW may disclose mental health information about you for public health activities such as to prevent or control diseases, injury, or disability.

**For health oversight activities.** ITSNW may disclose mental health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

**For specific government functions.** Examples: ITSNW may disclose mental health information of military personnel and veterans under certain circumstances. Also, ITSNW may disclose mental health information in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

**For research purposes.** ITSNW may provide PHI in order to conduct medical research. ITSNW is not currently conducting any research projects.

**For Workers' Compensation purposes.** ITSNW may provide your mental health information in order to comply with Workers' Compensation laws.

**Appointment reminders and health related benefits or services.** Examples: ITSNW may use your mental health information to provide appointment reminders. ITSNW may use your mental health information to give you information about alternative treatment options, or other health care services.

**Fundraising Activities.** ITSNW does not participate in fundraising activities.

**Business Associates.** We may share mental health information with companies that work with us. All companies that work on our behalf are contractually obligated to keep the information we provide to them confidential, and to use the mental health information we share only to provide the services we ask them to perform.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding mental health information ITSNW maintains about you:

**The Right to See and Get Copies of Your PHI.** You have the right to inspect and obtain a copy of your record and billing information that may be used to make decisions about your care and payment for care. To inspect or obtain a copy of the information that may be used to make decisions about you, please see the Privacy Notice Acknowledgement. If you request a copy of the information, we may charge a reasonable fee for costs of copying and processing or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. You may choose another licensed health care professional to review your request and the denial. We will comply with the outcome of the review.

**Right to Amend.** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the organization. To request an amendment, please see the Privacy Notice Acknowledgement. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the mental health information kept by or for the organization;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to receive a list of instances where we have disclosed your mental health information. To request this list of accounting of disclosures, please see the Privacy Notice Acknowledgement. Your request must state a time period, which may not be longer than six years and may not include dates before April, 14 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**The Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. At your request, ITSNW may not disclose information to health plans regarding mental health services you have paid for out-of-pocket, unless for treatment purposes or in the rare event the disclosure is required by law.

Although we consider your requests, you should be aware that, under the law, we do not have to agree to change the privacy practices that we have described in this Notice. Further, it is not our normal practice to agree to such changes. If we do agree, we will comply with your request unless you are in need of emergency treatment and the restricted information is needed to provide the emergency treatment. If the information is disclosed for emergency treatment, we will request that the health care provider not further use or disclose information.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you and about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at an alternative phone number or that we only contact you by mail instead of by phone. To request confidential communications, please see the Privacy Notice Acknowledgement. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests. We reserve the right to reverse this accommodation if our efforts to reach you at your alternate address for payment purposes fail.

**Right to a Paper Copy of this Notice.** You may ask us to give you a paper copy of this notice at any time. you may also obtain a copy of this notice at our website, [www.childtherapynow.com](http://www.childtherapynow.com)

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical / mental health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility and on the ITSNW website. The notice will include the effective date.

### **COMPLAINTS / GRIEVANCES**

If you believe your privacy rights have been violated, you may file a complaint with our administrative office or with the United States Secretary of Department of Health and Human Services. To file a complaint with our facility, please see the Privacy Notice Acknowledgment. You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL/MENTAL HEALTH INFORMATION**

Other uses or disclosures of information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission in writing at any time. Upon receipt of your written revocation, we will no longer use or disclose information about your for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.