

## HIPAA PRIVACY STATEMENT: NOTICE OF PRIVACY RIGHTS

THIS NOTICE CONTAINS INFORMATION CONCERNING HOW CONFIDENTIAL MENTAL HEALTH TREATMENT INFORMATION CONCERNING YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY AND LET US KNOW ANY QUESTIONS THAT YOU MAY HAVE CONCERNING THIS NOTICE. During the process of providing services to you, Covenant Counseling and Consulting, will obtain and use mental health and medical information concerning you that is both confidential and privileged. Ordinarily this confidential information will be used in the manner that is described in this statement, and will not be disclosed without your consent, except for the circumstances described in this Notice.

Covenant Counseling and Consulting, is required by State and Federal law to maintain the privacy of protected health information. In addition, Covenant Counseling and Consulting, is required by law to provide clients with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your medical/mental health information, and to request that you sign the attached written acknowledgement that you received a copy of this Notice. This Notice describes how the Practice may use and disclose your protected health information (PHI). This Notice also describes your rights regarding your protected health information and how you may exercise your rights. This includes your identity, diagnosis, dates of service, treatment plan, and progress in treatment.

### I. USES AND DISCLOSURES OF PROTECTED INFORMATION

#### A. General Uses and Disclosure Not Requiring the Client's Consent. Covenant Counseling and Consulting will use and disclose PHI in the following way.

1. **Treatment.** Treatment refers to the provision, coordination, or management of mental health care and related services by one or more health care providers. For example, Covenant Counseling and Consulting, therapists and staff involved with your care may use your information to plan your course of treatment and consult with other health care professionals, professional supervisors, or their staff concerning services needed or provided to you.
2. **Payment.** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, Covenant Counseling and Consulting, LLC and other health care professional will use information that identifies you, including information concerning your diagnosis, services provided to you, dates of services, and services needed by you, and may disclose such information to insurance companies, to businesses that review bills for health care services and handle claims for payment for health care benefits in order to obtain payment for services. If you are covered by Medicaid, information may be provided to the State of Alabama's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
3. **Health Care Operations.** Health Care Operations means activities undertaken by health insurance companies, businesses that administer health plans, and companies that review bills for health care services in order to process claims for health care benefits. These functions include management and administrative activities. For example, such companies may use 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. Only necessary information will be used or disclosed.
4. **Contacting the Client/s.** Covenant Counseling and Consulting, may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
5. **Required by Law.** Covenant Counseling and Consulting, will disclose PHI when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect to the Department of Human Services or to law enforcement; (b) when court ordered to release information; (c) when there is a legal duty to warn of a threat that a client has made of imminent physical violence, health care professionals are required to notify the potential victim of such a threat, and report it to law enforcement; (d) when a client is imminently dangerous to herself/himself or to others, or is gravely disabled, health care professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client; and (e) when required to report a threat to the national security of the United States.
6. **Health Oversight Activities.** Your confidential, PHI may be disclosed to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.
7. **Crimes on the Premises or Observed by Covenant Counseling and Consulting, Personnel.** Crimes that are observed by Covenant Counseling and Consulting staff, that are directed toward staff, or occur on

## COVENANT COUNSELING AND CONSULTING, LLC

Covenant Counseling and Consulting premises will be reported to law enforcement.

8. **Business Associates.** Confidential health information concerning you, provided to insurers or to plans for purposes or payment for services that you receive may be disclosed to business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, PHI will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the PHI released to them.

9. **Research.** PHI concerning you may be used with your permission for research purposes if the relevant provisions of the federal HIPAA privacy regulations are followed.

10. **Involuntary Clients.** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers, and others, as necessary to provide the care and management coordination needed in compliance with Alabama law.

11. **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, PHI will not be disclosed.

12. **Emergencies.** In life-threatening emergencies, Covenant Counseling and Consulting, staff will disclose information necessary to avoid serious harm or death.

13. **Psychotherapy Notes.** Psychotherapy notes are maintained separate from your mental health record. These notes will be used only by your therapist and disclosure will occur only under these circumstances (a) the therapist who wrote the notes uses them for your treatment; or (b) they may be used for training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills; or (c) if you bring a legal action and we have to defend ourselves; and (d) certain limited circumstances defined by the law.

14. **Client Release of Information or Authorization.** Covenant Counseling and Consulting, and other health care professionals may not use or disclose protected health information in any way without a signed release of information or authorization. When you sign a release of information, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent Covenant Counseling and Consulting has already taken action in reliance thereon.

## II. YOUR RIGHTS AS A CLIENT

- A. **Access to Protected Health Information.** You have the right to receive a summary of confidential health information concerning you with regard to mental health services needed or provided to you. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Covenant Counseling and Consulting staff for the appropriate request form. C.R.S. 25-1-801 requires health care facilities to allow a patient or patient's designated representative to inspect, at reasonable times and upon reasonable notice, the patient's medical records. However, records pertaining to mental health problems may be withheld from a patient. A summary of records pertaining to a patient's mental health problems may, upon written, signed, and dated request, be made available to the patient or his or her designated representative following termination of the treatment program. C.R.S. 25-1-802 states that records pertaining to a client's mental health problems maintained by a psychotherapist need not be made available to a patient. Instead, a summary of records concerning mental health problems may, upon request and signed, and dated authorization, be made available to the patient or a designated representative.
- B. **Amendment of Your Record.** You have the right to request that Covenant Counseling and Consulting or your health care professionals amend your PHI. Covenant Counseling and Consulting is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Covenant Counseling and Consulting staff for the appropriate request form.
- C. **Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures Covenant Counseling and Consulting has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Covenant Counseling and Consulting staff for the appropriate request form.
- D. **Additional Restrictions.** You have the right to request additional restrictions on the use or disclosure of your health information. Covenant Counseling and Consulting does not have to agree to that request, and there are

## COVENANT COUNSELING AND CONSULTING, LLC

certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask Covenant Counseling and Consulting staff for the appropriate request form.

- E. **Alternative Means of Receiving Confidential Communications.** You have the right to request that you receive communications of PHI from Covenant Counseling and Consulting by alternative means or at alternative locations. For example, if you do not want Covenant Counseling and Consulting 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 request, which will be provided to you at the time of the request process. To make a request, ask Covenant Counseling and Consulting staff for the appropriate request form.
- F. **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- G. **Copy of Notice.** You have a right to obtain another copy of this notice upon request.

### III. ADDITIONAL INFORMATION

- A. **Privacy Laws.** Covenant Counseling and Consulting is required by state and federal law to maintain the privacy of PHI. In addition, Covenant Counseling and Consulting is required by law to provide clients with notice of its legal duties and privacy practices with respect to PHI. That is the purpose of this notice.
- B. **Terms of the Notice and Changes to the Notice.** Covenant Counseling and Consulting is required to abide by the terms of this notice, or any amended notice that may follow. Covenant Counseling and Consulting reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains. When the notice is revised, the revised notice will be posted in service delivery sites and will be available upon request.
- C. **Complaints Regarding Privacy Rights.** If you believe Covenant Counseling and Consulting has violated your privacy rights, you have the right to complain to Covenant Counseling and Consulting management. Please submit a statement, in writing, addressed to Covenant Counseling and Consulting and send to their office address, concerning your complaint and the basis for it. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.U., Room 515F, HHH Bldg., Washington, D.C. 20201. It is the policy of Covenant Counseling and Consulting that there will be no retaliation for you filing of such complaints.
- D. **Additional Information.** If you desire additional information about your privacy rights at Covenant Counseling and Consulting, please ask us any questions that you may have.
- E. **Right to Revoke Consent or Authorization.** You have the right to revoke your consent or authorization to use or disclose your medical or mental health information, except for action that has already taken place under your consent or authorization.

### IV. CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

- A. The confidentiality of alcohol and drug abuse patient records maintained by Covenant Counseling and Consulting is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:
  - 1. The patient consents in writing;
  - 2. The disclosure is allowed by a court order; or
  - 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
- B. Violation of the Federal Law and Regulations by a Program is a Crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.
- C. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a client to commit imminent physical violence against another person to the potential victim who has been threatened and to law enforcement.
- D. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.