

A New Season Counseling
NOTICE OF PRIVACY PRACTICES
THIS NOTICE CONTAINS INFORMATION CONCERNING
HOW CONFIDENTIAL MENTAL HEALTH TREATMENT INFORMATION
CONCERNING YOU MAY BE USED AND HOW YOU CAN OBTAIN ACCESS
TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
This notice is effective on April 14, 2003

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (PROTECTED HEALTH INFORMATION) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. During the process of providing services to you, **A NEW SEASON COUNSELING** 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.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Clients Consent. **A NEW SEASON COUNSELING** will use and disclose protected health information in the followings ways.

- **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, **A NEW SEASON COUNSELING** therapists and staff involved with your care may use your information to plan your course of treatment and consult with other health care professionals or their staff concerning services needed or provided to you,
- **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, **A NEW SEASON COUNSELING** and other health care professionals 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 of health care benefits in order to obtain payment for services. If you are covered by Medicaid, information may be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
- **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.
- **Contacting the Client.** **A NEW SEASON COUNSELING** may contact you to remind you of appointments and tell you about treatments or other services that might be of benefit to you.
- **Required by Law.** **A NEW SEASON COUNSELING** will disclose protected health information 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 legal duty to warn of a threat that a client has made of imminent physical violence,

healthcare 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 for others, or is gravely disabled, healthcare 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.

- **Health Oversight Activities.** Your confidential, protected health information 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.
- **Crimes on the Premises or Observed by A NEW SEASON COUNSELING personnel.** Crimes that are observed by A NEW SEASON COUNSELING staff that are directed toward staff, or occur on A NEW SEASON COUNSELING premises will be reported to law enforcement.
- **Business Associates.** Confidential healthcare 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 preform those services. In those situations, protected health information 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 protected health information released to them.
- **Research.** Protected health information concerning you may be used with your permission for research purposes if the relevant provisions of the federal HIPPA privacy regulations are followed.
- **Involuntary Clients.** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payors, and others, as necessary to provide the care and management coordination needed in compliance with Colorado law.
- **Family Members.** Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the clients 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.
- **Emergencies.** In life-threatening emergencies, A NEW SEASON COUNSELING staff will disclose information necessary to avoid serious harm or death.

B. Client Release of Information or Authorization. A NEW SEASON COUNSELING and other healthcare 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 A NEW SEASON COUNSELING 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 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 A NEW SEASON COUNSELING staff for the appropriate request form.

B. Amendment of Your Record. You have the right to request that A NEW SEASON COUNSELING or your healthcare professionals amend your protected health information. A NEW SEASON COUNSELING 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 A NEW SEASON COUNSELING staff for the appropriate request form.

- C. Accounting and Disclosures.** You have the right to receive an accounting of certain disclosures **A NEW SEASON COUNSELING** has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purposes 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 **A NEW SEASON COUNSELING** 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. **A NEW SEASON COUNSELING** does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask **A NEW SEASON COUNSELING** staff for the appropriate request form.
- E. Alternative Means of Receiving Confidential Communications.** You have the right to request that you receive communications of protected health information from **A NEW SEASON COUNSELING** by alternative means or at alternative locations. For example, if you do not want **A NEW SEASON COUNSELING** 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 provided to you at the time of the request process. To make a request, ask **A NEW SEASON COUNSELING** staff for the appropriate request form.
- F. Copy of This Notice.** You have a right to obtain another copy of this notice upon request.

III. ADDITIONAL INFORMATION

- A. Privacy Laws.** **A NEW SEASON COUNSELING** is required by state and federal law to maintain the privacy of protected health information. In addition, **A NEW SEASON COUNSELING** is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this notice.
- B. Terms of the Notice and Changes to the Notice.** **A NEW SEASON COUNSELING** is required to abide by the terms of this notice, or any amended notice that may follow. **A NEW SEASON COUNSELING** reserves the right to change the terms of its notice and to make the 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 **A NEW SEASON COUNSELING** has violated your rights, you have the right to complain to **A NEW SEASON COUNSELING** owners. Please submit a statement, in writing, addressed to A NEW SEASON Counseling 108 E. Cheyenne Rd. Ste 207 Colorado Springs, Co 80906, 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.W., Room 515F, HHH Bldg. Washington, D.C. 20201. It is the policy of **A NEW SEASON COUNSELING** that there will be no retaliation for your filing such complaints.
- D. Additional Information.** If you desire additional information about your privacy rights at **A NEW SEASON COUNSELING** please ask us any questions that you may have.

IV. CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

- A.** The confidentiality of alcohol and drug abuse patient records maintained by **A NEW SEASON COUNSELING** 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 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.

Client Acknowledgment of Receipt of Privacy Practices
(You May Refuse to Sign This Acknowledgement)

I/We, _____ have received a copy of A NEW SEASON
Notice of Privacy Practices with an effective date of April 14, 2003. I understand these disclosures. I have
received a copy of this Disclosure Statement and Notice of Privacy Rights.

Name of patient (s) or parent/guardian of minor child:

Address of client (s): _____

Signature of Client(s) or Personal Representative:

Date

Print Name of Client(s) or Personal
Representative Authority

Description of Personal Representative's
Authority and attach document evidencing
Authority, such as a Power of Attorney

Name of Witness _____

Signature of Witness _____ Date _____

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of
Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- Client/Individual refused to sign (Date of refusal) _____
- Communications barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other _____

Attempt was made by _____ Date: _____

Explain: _____