

Effective Date \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES AT OASIS COUNSELING INT'L.

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

### Understanding your Mental Health Record/Information

Each time you visit Oasis Counseling Int'l. a record of your visit is made. Typically, this record contains a diagnosis, clinical notes taken during therapy, and a treatment plan for continued care. This information, often referred to as a mental health record, serves as a:

- Basis for planning your therapy
- Means of communicating among the many professionals who contribute to your care
- Legal documentation of your therapy
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating mental health Professionals
- A source of information for mental health officials charged with improving the mental health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure it's accuracy
- Better understand who, what, when, where, and why others may access your mental health information.
- Make more informed decisions when authorizing disclosure to others

### Your Health Information Rights

Although your client record is the physical property of the mental health practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information.

\*You have the right to request the restriction or limitation of the mental health 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 mental health 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. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restriction, you must make your request in writing to Dr. Dennis Temple, Supervising Psychologist at Oasis Counseling Int'l. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

- Obtain a paper copy of the notice of information practices upon request.

\*You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

- Inspect and obtain a copy of your health record

\*You have the right to inspect a copy of your mental health information that may be used to make decisions about your care. Usually this includes a pre-treatment report, transfer report and mental status evaluation, billing records, but does not include clinical notes.

\*To inspect a copy of your mental health information that may be used to make decisions about you, you must submit your request in writing to Dr. Dennis Temple, Supervising Psychologist at Oasis Counseling Int'l. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

\*We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed mental healthcare professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- Amend your health record

\*If you feel that the mental health 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 agency.

\*To request an amendment, your request must be made in writing and submitted to Dr. Dennis Temple, Supervising Psychologist at Oasis Counseling Int'l. In addition, you must provide a reason that supports your request.

\*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 to amend information that:

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

\*If we deny your request for amending or correcting the records, you may attach a statement of disagreement to your records. We may also attach a statement that discusses your attached statement.

- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternate locations.
- Revoke your authorization to use or disclose mental health information except to extent that action has already been taken.

## Our Responsibilities

Oasis Counseling is required to:

- Maintain the privacy of your mental health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to the requested restriction
- Accommodate reasonable requests you may have to communicate mental health information by alternative means or at alternative locations
- Train our staff concerning privacy and confidentiality
- Discipline those who breach privacy and confidentiality or our policies concerning privacy or confidentiality.
- Attempt to lessen the harm of any breach of privacy or confidentiality.

## Who will follow this notice?

- Any mental healthcare professional authorized to enter information into your therapy file
- All departments of the agency
- Any member of a volunteer group that we allow to help you while you are in the agency
- All employees, staff, volunteer and any other agency personnel
- All these entities, sites, and locations follow the terms of this notice. In addition these entities, sites and locations may share medical information with each other for treatment, payment, or agency operations purposes described in this notice

We reserve the right to change our practices and to make the new provisions effective for all *protected health information* (PHI), we maintain. We will post a copy of the current notice in the clinic. The notice will contain on the first page, on the top of the right-hand corner, the effective date. Should our information practices change; we will present an addendum for your review and signature at your next visit.

We will not use or disclose your mental health information without your authorization, except as described in the notice.

## For more information or to report a problem

If you have questions and would like additional information, you may contact the Privacy Officer at Oasis Counseling Int'l. If you believe your privacy rights have been violated, you can file a complaint with the receptionist at Oasis Counseling Int'l., or with the secretary of Health and Human Services. All complaints must be submitted in writing. **There will be no retaliation for filing a complaint.**

## Examples of Disclosure for Treatment, Payment and Health Operations

*Oasis Counseling Int'l. will use your mental health information for treatment*

For example: We may use mental health information about you to provide mental health treatment or services. We may disclose mental health information about you to Clinical Psychologists, therapists, approved observers or other agency personnel who are involved in taking care of you in the agency.

*Oasis Counseling Int'l. will use your health information for payment.*

For example: We may use mental health information about you so that the therapy you receive including your diagnosis used at the agency may be billed to and payment may be collected from you or your insurance company. We may need to give your health plan information about the therapy you received so your health plan will pay us or reimburse you for the therapy given. We may also tell your health plan about therapy you are going to receive to obtain prior approval or to determine whether your plan will cover the therapy.

*Oasis Counseling Int'l. will use your health information during supervision with the Clinical Psychologist.*

For example: Our Clinical Psychologist, and therapists may use information in your mental health record to assess the care needed in a treatment plan. This information will then be used in an effort to continually improve the quality and effectiveness of the mental health care and service we provide.

## **Other Permitted or Required Uses and Disclosures**

- *Business Associates:* There are some services provided in our agency through contracts with business associates. Examples include: Companies that score evaluations, Janitor, Software vendors and Batter Group. When these services are used, we may disclose your health information so that they can perform the job and can bill you or your insurance company or other third party payer for services rendered
- *Mental Health Oversight Activities:* We may disclose mental health information to a mental health oversight agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Research:* We may disclose information to researchers when their research has been approved by the providers of Oasis Counseling Int'l., after they have reviewed the research proposal and established protocols to ensure the privacy of your health information.
- *To Avert a Serious Threat to Health or Safety:* We may disclose or use medical or mental health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- *Insurance Companies:* We may release medical or mental health information about you to your insurance company or other payer to verify our compliance with their billing and record keeping requirements.
- *Law Enforcement:* We may disclose health or mental health information for law enforcement purposes as required by law.
  - In response to a court order, subpoena, warrant, summons or similar process
  - To identify or locate a suspect, fugitive, material witness, or missing person
  - About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement.
  - About a death we believe may be the result of criminal conduct
  - About criminal conduct at the agency.
  - In emergency circumstances to report a crime; the location of the crime or the victims; or the identity, description or location of the person who committed the crime.
- *Lawsuits and Disputes:* If you are involved in a lawsuit or a dispute, we may disclose mental health information about you in response to a court or administrative order. We may also disclose mental health information about you in response to a discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- *The United States Department of Health and Human Services:* Under the privacy standards, we must disclose your health information to HHS as is needed by them to determine our compliance with federal privacy standards.
- *Public Health Risks:* We may disclose mental health information
  - To report child abuse or neglect
  - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

## **Other Uses of Medical Information**

Other uses and disclosures of medical, mental health 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 medical or mental health information about you, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you 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.

If you have any questions about this notice, please contact the Privacy Officer at Oasis Counseling Int'l; 333 Norfolk Ave., Suite 201, Norfolk, NE 68701; (402) 379-2030.