

## Notice of Patient's Rights

Every client seeking treatment from shall have the right:

- To dignity, privacy and humane care
- To be treated in a manner which is ethical and free from abuse, discrimination, mistreatment, and/or exploitation
- To be treated by staff who are sensitive to one's cultural background
- To be afforded privacy
- To have records protected by confidentiality and not be revealed to anyone without written authorization
- Confidentiality may only be broken under the following conditions:
  - a. In the event of possible suicide or homicide, professionals, family members, or other persons directly involved may be notified without the permission of the client, if the client or another person(s) is in life-threatening danger or crisis
  - b. If a judicial order demands access to your record
  - c. To discuss the case in clinical supervision
  - d. If a client reports being a perpetrator of physical, emotional, or sexual abuse towards a child, disabled person, or elderly – or if a client reports immediate knowledge of such abuses by another person – such information will be reported to the proper social service agency
- To client-centered services designed to meet your individual goals, needs, concerns, strengths, motivation and disabilities
- To participate in developing an individual plan of treatment
- To have an explanation of services/treatments in accordance with the treatment plan
- To discuss your treatment with others, including other therapists, or to request that another clinician review the individual treatment plan for a second opinion
- To consent or refuse to consent to treatment, unless there is a legally-defined emergency or a legal determination of incapacity
- To object to, or terminate treatment (If a client is ordered to be evaluated or to come to therapy by a court, however, there may be legal problems when he or she stops treatment)

In this list your rights are described in very brief terms. If you want more information, please ask me, and we can discuss your actual rights in this state under its current laws and rules.

# 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 READ IT CAREFULLY.**

This notice of privacy practices describes how I may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. PHI means health information, including identifying information about you, I have collected from you or received from your health care provider, health plans, or your employer. It may include information about your past, present or future mental health or physical condition, the provision of your health care, and payment for health care services.

I am required by law to maintain the privacy of your health information and to provide you with a notice of my legal duties and privacy practices with respect to your health information. I am required to comply with the terms of my current Notice of Privacy Practices.

## **HOW I WILL USE AND DISCLOSE YOUR HEALTH INFORMATION**

### **A. USES AND DISCLOSURES THAT MAY BE MADE FOR TREATMENT, PAYMENT AND OPERATIONS**

1. For Treatments
2. For Payments
3. For Health Care Operations
4. Health Related Benefits and Services
5. Fundraising Activities

### **B. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION, BUT FOR WHICH YOU MAY HAVE THE OPPORTUNITY TO OBJECT**

1. Persons involved in your care

### **C. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

1. Emergencies
2. Research
3. As Required by Law/A Judicial Order for Your Records
4. To Avert a Serious Threat to Health or Safety
5. A Clinician may Discuss your Case with a Clinical Supervisor or Clinical Treatment Team
6. Your Insurance Carrier May Require Information For Claims Resolution
7. If you Report Conditions Referencing Physical, Emotional, or Sexual Abuse Towards a Child, Disabled Person, or Elderly Person

**D. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WITH YOUR PERMISSION**  
Uses and disclosures not described above will generally only be made with your written permission, called an "authorization". You have the right to revoke an authorization at any time. If you revoke an authorization I will not make any further uses or disclosures of your health information under that authorization, unless I have already taken an action relying upon the uses or disclosures you have previously authorized.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- A. Right to Inspect and Copy
- B. Right to Amend
- C. Right to an Accounting of Disclosures
- D. Right to Request Restrictions
- E. Right to Request Confidential Communication
- F. Right to a Paper Copy of this Notice

## **CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS**

Records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patients Records, 42 CFR Part 2, and can not be disclosed without your written consent unless otherwise provided for in these regulations. Unless:

1. You authorize the disclosure in writing
2. The Disclosure is permitted by a court order
3. The information is made to a Medical Personnel in a medical emergency

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the US Department of Health and Human Services.

## **CHANGES TO THIS NOTICE**

I reserve the right to make changes to this Notice Of Privacy Practices. I reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information I already have about you as well as any health information I receive in the future.