

Notice of Centers for Family Change's Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Effective Date: 4/13/2003; Revised 9/19/2013; Revised 8/6/24

Centers for Family Change therapists only release information about you in accordance with state and federal laws. This notice describes our policies related to the use of Centers for Family Change's records regarding your treatment.

Uses and Disclosures for Treatment, Payment, and Healthcare Operations

Center for Family Change may **use** or **disclose** your **protected health information (PHI)** for treatment, payment, and healthcare operations purposes within your written authorization. To help clarify these terms, here are some definitions:

- **"PHI"** refers for information in your treatment record that could identify you
- **"Use"** applies only to activities within the Centers for Family Change such as: sharing, utilizing, examining, and analyzing information that identifies you.
- **"Disclose"** applies to activities outside of the practice such as releasing, transferring, or providing access to information about you to other parties.
- **"Authorization"** is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

We may disclose PHI in the following instances:

- **Treatment:** in order to provide, coordinate, or manage your healthcare. Examples of this would include sharing information with others outside the practice that we are consulting with or referring you to, such as your family physician, another therapist, or a psychiatrist.
- **Payment:** in order to obtain insurance reimbursement for your healthcare. Examples of this would include disclosing your PHI to your health insurer to

obtain reimbursement for your healthcare, prior approval for treatment services, or to determine eligibility or coverage.

- **Healthcare Operations:** in order to coordinate and improve the performance and operation of the practice. Examples of this would include quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination.

Other Uses and Disclosures Requiring Authorization

The Centers for Family Change may also use or disclose PHI for purposes outside of treatment, payment, or healthcare operations when we obtain appropriate authorization from you. In those instances, when we are asked for information for purposes outside of treatment, payment, or healthcare operations, we will obtain an authorization from you before releasing this information. The Centers for Family Change will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

Your Right to Revoke Authorization

You may revoke all such authorizations at any time, provided that each revocation is in writing. You may not revoke an authorization to the extent that (1) your therapist has relied on that authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures Without Authorization

Centers for Family Change therapists may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have reasonable cause to believe a child known to us in our professional capacity may be an abused or neglected child, we must report this to the appropriate authorities.
- **Adult and Domestic Abuse:** If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- **Health Oversight Activities:** We may disclose PHI regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information by any party about your

evaluation, diagnosis, treatment, and the records thereof, such information is privileged under state law and we must not release such information without a court order or without your written consent. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.

- **Serious Threat to Health or Safety:** If you communicate a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.
- **Worker's Compensation:** We may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law:** This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA regulated products, or for specialized government functions such as fitness or military duties, eligibility for VA benefits, and national security intelligence.

Patient's Rights

Right to Request Restrictions:

You have the right to request restrictions on certain uses and disclosures of PHI in your medical record. This request must be in writing. However, the practice is not required to agree to the restriction(s) you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are in therapy. Upon your written request, we will honor all reasonable requests for alternative means of communication. For example, sending your bills to another address. However, we cannot control the actions of other parties regarding their communications, including, but not limited to, your insurance company.

Right to Inspect and Copy

You have the right to inspect or obtain a copy of your Centers for Family Change medical record. Upon your request, your therapist will discuss the details of this process.

Right to Amend

You have the right to request an amendment of PHI for as long as the PHI is maintained on the record. We may deny your request. Upon your request, your therapist will discuss with you the details of the amendment process.

Right to an Accounting

You have the right to receive an accounting of disclosures of PHI, with the exception of information used for treatment, payment, or healthcare operations, or that you gave us specific consent to release, or that we were required to release by law. To receive this information, please contact the Centers for Family Change privacy officer. We will notify you of the cost involved. Requests must be for a specific time period and cannot be made for information released prior to 4/13/2003.

Notification of Change in Policy

You have the right to receive notification of any changes in the privacy policies and practices described in this notice. Centers for Family Change reserves the right to make such changes based upon changes in State and Federal law and the needs of the practice. We will provide you with written notice, either within session or by mail, of any changes in privacy practices or policy.

Questions and Complaints

You have the right to direct any questions about your Privacy Rights or any concerns or complaints to the Centers for Family Change privacy officer. Please address any concerns, in writing, to our Oakbrook office, to the attention of: Privacy Officer. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Office can provide you with the appropriate address upon request.

Right to Restrict Disclosures When you have Paid for your Care Out-of-Pocket

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

Right to be Notified if there is a Breach of your Unsecured PHI

You have a right to be notified if: (1) there is a breach (use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI, (2) that PHI has not been encrypted to government standards, and (3) the Centers for Family Change's risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Additional Patients' Rights: Reproductive Healthcare

On April 26, 2024, the Biden-Harris Administration, through the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) published a Final Rule, entitled the HIPAA Privacy Rule to Support Reproductive Health Care Privacy. The Final Rule strengthens the Health Insurance Portability Act of 1996 (HIPAA) Privacy Rule by prohibiting the use and disclosure of protected health information (PHI) in certain circumstances. The Final Rule includes the following changes:

- Prohibits the use or disclosure of PHI when it is sought to investigate or impose liability on individuals, health care providers, or others who seek, obtain, provide, or facilitate lawful reproductive health care, or to identify persons for such activities.
- Requires covered entities or business associates to obtain a signed attestation that certain requests (health oversight activities, judicial and administrative proceedings, law enforcement purposes, and disclosures about decedents to coroners and medical examiners) for PHI potentially related to reproductive health care are not for these prohibited purposes.

For additional information regarding this rule please go to:

<https://www.federalregister.gov/documents/2024/04/26/2024-08503/hipaa-privacy-rule-to-support-reproductive-health-care-privacy>

To see the fact sheet from the government regarding this rule go to:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/reproductive-health/final-rule-fact-sheet/index.html>