



## NOTICE OF PRIVACY PRACTICES

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information. New Hope Counseling, hereby referred to as the “Agency”, is committed to providing quality professional mental health care to all of our clients. Your records are handled with the utmost care to ensure your privacy.

### **Our Legal Duties:**

State and Federal laws require the Agency keep your medical records private. Such laws require the Agency to provide you with this notice informing you of our privacy of medical information policies, your rights, and our duties. The Agency is required to abide by these policies unless replaced or revised. The Agency has the right to revise its privacy policies for all medical records, including records kept before policy changes were made.

The contents of material used in an evaluation, intake interview, or counseling appointment are covered by the laws as private information. The Agency respects the privacy of the information you provide and abides by ethical and legal requirements of confidentiality and privacy of records.

### **Use of Information:**

Medical information about you may be used by the personnel associated with the Agency for diagnosis, treatment planning, treatment, and continuity of care. The Agency may disclose it to health care practitioners who provide you with treatment, such as: doctors, nurses, physician assistants, nurse practitioners, mental health professionals, mental health students and staff associated within this Agency (those involved with: billing, quality enhancement, training, audits, and accreditation).

In the case of any medical professional, or other party, not directly associated with this Agency, both verbal information and written records about you cannot be shared with them without written consent from you, the client’s legal guardian, or personal representative. It is the policy of the Agency not to release any information about you without a signed Authorization for Mutual Release of Information, except in certain emergency situations or exceptions in which client information can be disclosed to others without consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

### **Duty To Warn and Protect:**

When you disclose intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Violation of Federal and/or State laws and regulations by a treatment facility or counselor is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or State laws and regulations do not protect any information about a crime committed by you either at the Agency, against any person who works for the program, or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child, vulnerable adult abuse, or neglect from being reported under Federal and/or State laws to appropriate State or Local authorities.

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is the Agency's duty to warn any potential victim, when a significant threat of harm has been made. In the event of your death, your spouse or an authorized minor's parent or legal guardian have a right to access your records. Legal custodial parents or legal guardians of non-emancipated minor clients have the right to access your records.

**Public Safety:**

Health records may be released for the public interest and safety for public health activities, judicial, and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

**Abuse:**

If you state or suggest you have abused a child or vulnerable adult, or have recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If you are the victim of abuse, neglect, violence, or crime victim, and your safety appears to be at risk, the Agency may share this information with law enforcement officials to prevent future occurrences and capture the perpetrator.

**In the Event of a Client's Death:**

In the event of your death, your spouse or parents have a right to access your records.

**Professional Misconduct:**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

**Judicial or Administrative Proceedings:**

Health care professionals are required to release your records when a court order has been placed.

**Minors/Guardianship:**

Parents or legal guardians of non-emancipated minor clients have the legal right to access the client's records. At any time, parents or legal guardians may be asked to produce legal documentation to substantiate their rights over a minor child or guardianship.

**Technology:**

The Agency will make every effort to protect your medical information. All client notes and correspondences are entrusted and secured with each counselor via an ID and Password for any personal computer, cellular phone, personal digital assistant (PDA), or any device that contains your medical or personal information.

Phone calls between you and your counselor are made directly to the client or the client's personal representative via cellular phone. You must be aware that any medical information could be intercepted by any wireless device. The Agency cannot be responsible for any medical information that is intercepted. In the event in which the Agency or counselor must telephone you for purposes, such as appointment scheduling, cancellations, and reminders; or to give/receive other information, efforts are made to preserve confidentiality. The following policy applies unless you have indicated it is permissible to leave a message identifying the Agency. If no answer is given at the time the Agency telephones you, the Agency will leave a first name, calling on behalf of the counselor's name, and a return phone number. No other identifying information will be given.

The Agency will adhere to the following procedure when making phone calls -- first the Agency will ask to speak to you, the parent, or legal guardian without identifying the name of the Agency. If the person answering the phone asks for more identifying information, the Agency will say their first name and they are returning a call to particular person. The Agency will not identify itself by name to protect confidentiality. If the Agency reaches an answering machine or voice mail, the Agency will follow the same guidelines.

Medical information can be given via facsimile and/or email. The Agency cannot be responsible for any person(s) who are not authorized to receive the medical information via facsimile and/or email and you must ensure that the facsimile and/or email will be received in a timely and confidential manner. The Agency will make every reasonable effort to ensure that your medical or personal information is protected. If the Agency should mistakenly facsimile or email the medical information to a wrong facsimile phone number or email address, the Agency provides the following language on every facsimile cover sheet and email message:

CONFIDENTIALITY NOTICE: This message is confidential, intended only for the named recipient(s) and may contain information that is privileged, between the counselor and client, or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at either the e-mail address or telephone number above and delete this email from your computer. Receipt by anyone other than the named recipient(s) is not a waiver of a counselor-client privilege or other applicable privilege.

### **Other Provisions:**

When payment for services are the responsibility of you or a person who has agreed to provide payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g. diagnosis, treatment plan, progress notes, or testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and your credit report may state the amount owed, the time-frame, and the name of the Agency or collection source.

### **Client Rights:**

You have the right to request to review or receive your medical information. The Agency has the right to respond to this request within thirty (30) days from the initial date of the request. The procedure for obtaining a copy of your medical information is as follows:

- You may request a copy of your records in writing with your or your personal representative's signature. If your request is denied, you will receive a written explanation of the denial. Any records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for the copy service is \$25.

- Court-mandated records with a letter or other written documentation regarding care will be assessed a \$50/hour fee.
- You have the right to cancel a release of information by providing the Agency a written notice. If you desire to have your medical information sent to a location different than our address on file, you must provide this information in writing.
- When you sign the Authorization for Mutual Release of Information form, you have the right to restrict which medical information might be disclosed to others. However, if the Agency does not agree with these restrictions in order to abide by Federal and State regulations, the Agency is not bound to abide by them.
- You have the right to request that your medical information be communicated by other means or to another location. This request must be made to the Agency in writing.
- You have the right to disagree with the medical information in our files. Although the Agency might deny changing the medical information, you have the right to make a statement of disagreement, which will be placed in your file.
- You have the right to know what medical information in your file has been provided to whom. This request must be made to the Agency in writing.
- If you desire a written copy of this notice, you may obtain it by requesting it from Jeff Nottingham, MA, LMHC, Counseling Director of New Hope Counseling at the following location: New Hope Counseling, 1505 North Delaware Street, suite 200, Indianapolis, IN 46202.

**Complaints:**

If you have any complaints or questions regarding these procedures, please contact the Agency. The Agency will get back with you in a timely manner. You may also submit a complaint to the U.S. Department of Health and Human Services.

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Signature of Client/Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian