

New Source Counseling Centers

PO Box 1058, Circleville, OH 43113
1-800-323-7174

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

“Protected Health Information” is defined by the federal government through the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as any information that is held “pertaining to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.” In other words, it is information that could identify you as an individual and would pertain to the counseling services which you are receiving through New Source.

This document is to explain the ways in which New Source uses the health information which is gathered in the course of treatment, your rights in regard to this information and ways in which you can gain access to this information if you wish.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

New Source Counseling Centers will use your information in the following ways:

1. To provide treatment for you: Your counselor will develop a treatment plan with you that identifies your concerns, goals to be accomplished, and methods for achieving those goals in order to guide your work together. The treatment plan, notes on your sessions together, personal history, and other information will be kept in a medical file.
2. To receive payment: Certain health information, such as dates you were seen, diagnosis codes, and other information may be required to be released in order for us to receive reimbursement from your insurance company. By signing our counseling contract, you are authorizing New Source to process claims with your insurance. You may elect not to file claims with your insurance, in which case, no information would be sent.
3. To perform our internal health care operations: These are internal practices that we have that help our counselors work together to provide quality service to you. We may periodically review client records to improve quality assurance, for internal training of our counselors, or for supervision by our clinical supervisor.
4. Your counselor may also elect to contact you between appointment to remind you of an appointment time, to confirm an appointment, or to let you know of treatment options that may be of interest to you or that would be a beneficial addition to your counseling.

YOUR BASIC RIGHTS AS A CLIENT

Your Right to Confidentiality:

Federal and State Law prohibits us from releasing your protected health information to anyone outside of the agency without your written consent, except in the following situations:

1. Threat of Suicide or Homicide: If a client is actively planning on hurting themselves or another individual, or if a counselor has reason to believe that the client is actively planning on hurting themselves or another individual, then the counselor is required by law to report this to an authority that will help to protect that client or the threatened individual.
2. Abuse or Neglect of an Individual Unable to Speak for Themselves: If a minor client, older adult, or mentally handicapped individual reports that he/she is being abused or neglected, or if a client confesses to such action against a child, older adult, or mentally handicapped person, or if the counselor suspects that such behavior is occurring, the counselor is required by law to report this to the appropriate protection agency.
3. By Order of a Court: Under certain circumstances, a judge or other court official may order records to be released, and we are required by law to comply. This is different than a subpoena, which is a request for records by an attorney and which requires a release signed by the client for that attorney.

When Your Counselor Needs to Contact Someone Outside of the Agency:

1. All disclosures other than the ones mentioned above to persons or agencies other than New Source require us to seek your written permission for that disclosure. Such persons or agencies might include your psychiatrist or other medical providers, referral sources, employers, attorneys, probation or parole officers, and other care providers.
2. The release will specify by whom and to whom the information is to be released, the nature of the information to be released, the purpose for the release, the effective date of the release, and when or upon what conditions the release will expire.

3. If you have signed an authorization, you may revoke this by making such a request in writing to your counselor. This revocation would not apply to information that has already been disclosed by the agency prior to the request, nor to information necessary for processing of insurance claims unless alternative payment arrangements are made.
4. You will be given a copy of this release form for your records if you wish.
5. As a matter of agency policy, in cases where requests are made for your records, we strive to release as little information about you as possible to comply with the request.

Your Rights with Regard to Your Protected Health Information:

1. You have the right to request privacy protection for your health information.
 - A. You can make the request that we limit what information is disclosed in the course of providing treatment, processing insurance claims, performing health care operations, or in other disclosures that you are authorizing. Your counselor may need to refuse to honor this request if he/she believes that there is valid reason not to limit what we share. He/she will always discuss this with you.
 - B. You have the right to specify where we contact you. Our Client Administrative Data Form, which lists your name, address, phone numbers, and other contact information, provides you with the opportunity to tell us where we may contact you, if we may send mail to your house, or if you prefer that we contact you at an alternative location. We will do our best to honor these requests.
2. You have the right to request to inspect your protected health information.
 - A. If you would like to examine your medical file, you may ask your counselor to let you see it. This request must be made in writing. However, your counselor may refuse to let you examine any part or all of the file, if he/she determines that it would not be in your best interest to see all that is contained therein. If he/she decides that it would be acceptable for you to see the file, then the counselor would need to be present with you as you examine it, in order to explain any notes and to discuss with you the meaning of the contents. You would not be permitted to copy any of the information or to take any part of the file with you. This helps us to insure that the file would not be accessed by other people without your permission. The medical file is considered to be the property of New Source Counseling Centers.
 - B. If your counselor refuses, for any reason, to deny access to your clinical file, you have the right to appeal this decision by contacting the New Source clinical supervisor through our central office. The supervisor would review your request and the counselor's rationale for refusal, and the supervisor would decide whether to grant your request. His/her decision would be binding.
3. You have the right to request that your health care information be amended.
 - A. If you feel that there are errors in your medical file, you may request that the record be changed to reflect a more accurate picture. New Source would act on this request within 60 days of your request, and would do so in writing.
 - B. If the amendment is valid, and is accepted by New Source, then we would notify any other provider who might be involved in your work with us of the change in information.
 - C. We might need to refuse to make your requested changes if the information that you want to have changed was not gathered or created by our agency, if the record that you want to change is not part of your personal records, if they are part of the record that is not available for you to inspect, or if the counselor feels that they are accurate.
 - D. If your counselor does not agree with your request to have your health information changed, you may write a statement of disagreement, stating your impression of why the change should be made. This letter would be kept in the medical file.
4. You have the right to know with whom we have shared your health information.
 - A. With the exception of communication necessary for providing treatment, receiving payment, or performing our internal health care operations, New Source will tell you, if you ask, with whom we have shared your health information. This applies only to information released after April 14, 2003, which is when this regulation took effect. Such records will be kept for a total of 6 years. Records older than that or records generated prior to April 14, 2003 will not be accessible for this type of request.
 - B. If you make more than 1 (one) such request in a 12-month time span, New Source would be permitted to charge a reasonable amount for the accounting.

NEW SOURCE COUNSELING CENTERS' POLICIES AND PROCEDURES REGARDING YOUR PRIVACY:

New Source's Duties and Obligations:

1. New Source will designate a particular employee to be our Privacy Officer. This person will be responsible for developing and coordinating all policies and procedures regarding your privacy and rights. This person will also be responsible for handling any complaints or questions you have about this information.
2. New Source will have a Contact Officer, who will relay your questions or complaints to the Privacy Official. This officer will be our Office Administrator, and you may contact him/her at the administrative office by calling 1-800-323-7174, ext. 1, or 1-740-477-8877.

3. New Source will respond as quickly as possible to any complaints that you may have regarding your privacy or handling of your protected health information.
4. New Source will provide you with information about how to file a complaint (see below).
5. New Source will work to assure your privacy, to safeguard, to the best of our ability, against any accidental disclosure of your information. For example, we will not identify ourselves as counselors if leaving a message for you on your voice mail.
6. New Source will not discriminate or retaliate against you if you file a complaint about how your records are handled. We will not ask you to waive your right to file such a complaint.
7. New Source will make a copy of this privacy policy available to you, and will ask that you sign a statement verifying that you have received it. If you misplace or lose your copy, you may request another from your counselor or from the administrative office.
8. If changes are made due to changes in the agency or in the federal regulations, you will be notified in writing and receive a copy of any and all changes made.

How to File a Complaint:

If you believe that any of the rights explained above have been violated, or if you wish to file a complaint regarding your right to have access to your medical file, you may do so by the following procedure:

1. Contact New Source's Privacy Official by calling the administrative office at 1-800-323-7174, ext. 1, and asking our administrative officer for the name of this individual. He/she would be available to discuss your complaint with you and to describe the next steps to take.
2. Write a letter describing your complaint to the Privacy Officer, and send it to New Source, PO Box 1058, Circleville, OH 43113.
3. You may also request a review of the complaint by New Source's Clinical Supervisor or Board of Directors by making this a part of the formal written statement. All such complaints will be reviewed by these individuals.
4. You may request a face-to-face meeting with the New Source Privacy Officer or clinical supervisor, and a mutually agreeable time and location would be arranged.

Whom to Contact with Questions:

(As of October 2002. Personnel are subject to change.)

1. Privacy Officer: Martha S. Flemming, M.A., LPCC-s, LICDC. 1-800-323-7174, ext. 12
2. Contact Office: Tamara Mosley, Office Administrator. 1-800-323-7174, ext. 1.

Effective Date of this Notice:

This notice will be in effect as of April 14, 2003.