



## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly or indirectly
- Conduct normal healthcare operations

I acknowledge that I have received your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this office at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Client Name: \_\_\_\_\_

Legal Guardian (if client is a minor): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Notice of Privacy Practices

### What is medical information?

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable) whether oral or recording in any form or medium, that is created or received by a health care provider (counselor at Hillcrest Therapy Center), health plan, or others **and** 2) relates to the past, present or future mental or physical health or condition of an individual (you); the provision of health care (mental health) to an individual (you); or past, present or future payment for the provision of health care to an individual (you).

Hillcrest Therapy Center uses therapists (LCSW) who are professionally trained and licensed by the state of Arkansas. Your therapist creates and maintains treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records,” and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

### **Uses and Disclosures without your Authorization – for Treatment, Payment, or Health Care Operations**

Treatment: Federal privacy rules (regulations) all healthcare providers (Hillcrest Therapy Center therapists) who have a direct treatment relationship with the patient (you) to use or disclose the patient’s personal health information, without the patient’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. The healthcare provider (Hillcrest Therapy Center) may also disclose your protected health information for the treatment of activities of any health care provider. This too can be done without your written authorization.

*An example of a use or disclosure for treatment purposes:* If the healthcare provider (Hillcrest Therapy Center) decides to consult with another licensed health care provider about your condition, the provider would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the provider in the diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because physician and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care among health care providers or by a health care provider with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Payment and/or Health Care Operations: We may need to use or disclose information in your health record to obtain reimbursement from you, from your health-insurance carrier, or from another insurer for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. Hillcrest Therapy Center contracts with Arkansas Therapist Connection for management of billing and electronic health records which utilizes the Practice Suite electronic health record and account management systems. Any contracted agency is under obligation to comply with privacy laws, as they will require access to information necessary for billing and data management.

*An example of a use or disclosure for payment purposes:* If your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, Hillcrest Therapy Center is permitted to use and disclose your personal health information.



*An example of a use or disclosure for health care operations purposes:* If your health plan decides to audit Hillcrest Therapy Center or any of our therapists in order to review our competence and performance or to detect possible fraud or abuse, your mental health records may be used and disclosed for those purposes.

**Disclosures Required by Law:** If the clinician has a reasonable suspicion of past and/or current physical abuse, sexual abuse, or neglect to a minor, disabled or elderly adult, they must disclose this information to the appropriate authorities; if the patient has threatened harm to themselves and/or to another individual, the clinician has a duty to protect; if records are subpoenaed by a court of law.

Hillcrest Therapy Center may also be required to disclose your personal health information in the event of a medical emergency.

**Please note: Your therapist or one of our staff members acting under Hillcrest Therapy Center authority, may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact.**

Hillcrest Therapy Center may be required or permitted to disclose your personal health information (e.g. mental health records) without your written authorization.

### **Your Rights Regarding Protected Health Information**

You have the right:

- to request restrictions on certain uses and disclosures of protected health information about you
- to receive confidential communication of protected health information by alternative means
- to inspect and copy protected health information about you by making a specific request in writing
- to amend protected health information in my records by making a request to do so in writing that provides a reason to support the requested amendment
- to receive an accounting from Hillcrest Therapy Center of the disclosures of protected health information made by the center in the six years prior to the date on which the accounting was requested
- to obtain a paper copy of this notice from Hillcrest Therapy Center upon request

### **The Duties of Hillcrest Therapy Center**

Hillcrest Therapy Center is required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of our legal duties, your rights and our privacy practices with respect to such information. We are required to abide by the terms of the notice currently in effect.

At any time, if you believe your privacy rights have been violated you may complain in writing to Hillcrest Therapy Center or to the Secretary of the U.S. Department of Health and Human Services. Hillcrest Therapy Center will not retaliate against you in any way for filing a complaint against Hillcrest Therapy Center, our therapists or with the Secretary.



## Hillcrest Therapy Center

If you would like other information related to this Notice or its contents, please feel free to contact Hillcrest Therapy Center or discuss it with your therapist. Hillcrest Therapy Center and our staff will do our best to answer questions and to provide you with additional information.