



RIGHTS TO CONFIDENTIALITY

The Counseling Center takes confidentiality very seriously. We follow very strict rules from the Ohio Revised Code and the United States and State Governments about when we can release your medical record your protected health information.

The Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule establishes a foundation of Federal protection for personal health information, carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. The Rule generally prohibits this program from using or disclosing your protected health information unless authorized by you, except as follows:

First, we are required by law to disclose your protected health information in certain circumstances, for example, to report abuse and neglect, and to warn about dangerous behavior. Second, we are authorized to disclose your protected health information without your consent when we use the information for treatment, payment or the health care operations of the program.

Treatment generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

Payment encompasses the various activities of health care providers to obtain payment or be reimbursed for their services.

Health care operations are certain administrative, financial, legal, and quality improvement activities of a program that are necessary to run its business and to support the core functions of treatment and payment.

The agency will, without your authorization:

Use or disclose your protected health information for its own treatment, payment, and health care operations activities.

We may disclose your protected health information for the treatment activities of any health care provider (including providers not covered by the Privacy Rule).

We may disclose your protected health information to another health care provider (including providers not covered by the Privacy Rule) for the payment activities of the entity that receives the information

We may disclose your protected health information to another provider for certain health care operation activities of the provider that receives the information if:

Each provider either has or had a relationship with you, and protected health information pertains to the relationship; and

The disclosure is for a quality-related health care operations activity or for the purpose of health care fraud and abuse detection or compliance.

Security

Your medical record (your protected health information) is kept in a secure location and only those employees or clinicians who need access to your medical record for treatment, payment or health care operations have access to your medical record unless you sign an authorization.

It is our policy to reasonably limit disclosures of, and requests for, protected health information for payment and health care operations to the minimum necessary. We also limit which members of our workforce may have access to protected health information for treatment, payment, and health care operations, based on those who need access to the information to do their jobs.

We may also disclose information in order to contact you, for example to make appointments, to check with you about how you are doing, and to evaluate the services that we provide to you. We may also contact you for our fund-raising efforts.

Your right to see your record

You have the right to see your record, or to receive a summary of your record. To do this, please contact your Service Provider. You also have the right to ask us for an accounting of the persons or programs to whom we have disclosed your protected health information. (This does not include disclosures for treatment, payment or health care operations, or to persons authorized by you.) To receive this accounting, please contact your Care Provider.

If you disagree with the contents of your medical record, you may also request an amendment to your record. We will place that amendment in the medical records unless we did not create that part of the record or we believe the existing record is accurate and complete.

If we grant the amendment, we will notify you and you may request that we provide the amendment to other programs and to programs that you identify to us as having already received your medical record.

If we deny the amendment, we will give you specific reasons for the denial. You may then submit a statement of disagreement and we may submit a rebuttal. If you notify us in writing, we will attach your request for amendment and our denial to future disclosures of that part of your

medical record. Also, if you continue to disagree, you may file a complaint with the Complaint Officer at the Mental Health and Recovery Board and/or Office of Civil Rights at HHS.gov

How to file a complaint

If you believe that your protected health information has been released in violation of the law, you have the right to file a complaint. You may file a complaint by contacting or submitted a letter to: Clients Rights Officer. You may also file a complaint with the Office of Civil Rights at HHS.gov. You have our promise that our program will not retaliate against you if you choose to file a complaint. If you want to send your protected health information to someone, you must sign an authorization. Authorizations may be obtained from your Service Provider.

Acknowledgement

I have been informed of, or read, the above Notice of Privacy Practices of the Agency and understand that I may request a copy of this notice at any time.

_____ Yes

_____ No

Signature _____ Date _____