



**HIPAA Notice of Privacy Rights to Protect the Privacy of Your Health Information**

**I have read the HIPAA Notice of Privacy Rights and a copy was made available to me.**

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**Signature**

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**Date**

## **HIPAA Notice of Privacy Rights to Protect the Privacy of Your Health Information**

**This notice of Privacy Practices is NOT an authorization.** As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you (as a patient of Magee Madry Counseling Services, LLC) may be used and disclosed and how you can get access to your individually identifiable health information. Magee Madry Counseling Services, LLC is required by State and Federal law to maintain the privacy of protected health information. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your personal health information. Please review this notice carefully.

### **I. USES AND DISCLOSURES OF PROTECTED INFORMATION**

#### **A. General Uses and Disclosures Not Requiring the Client's Consent. Magee Madry Counseling Services, LLC, will use and disclose PHI in the following way.**

1. **Treatment.** Treatment refers to the provision, coordination, or management of mental health care and related services by one or more health care providers. For example, Magee Madry Counseling Services, LLC, therapists and staff involved with your care may use your information to plan your course of treatment and consult with other health care professionals, professional supervisors, or their staff concerning services needed or provided to you.
2. **Payment.** Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. For example, Magee Madry Counseling Services, LLC and other health care professionals will use information that identifies you, including information concerning your diagnosis, services provided to you, dates of services, and services needed by you, and may disclose such information to insurance companies, to businesses that review bills for health care services and handle claims for payment for health care benefits in order to obtain payment for services. If you are covered by Medicaid, information may be provided to the State of Alabama's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
3. **Healthcare Operations.** Health Care Operations means activities that relate to the performance and operation of the practice that are undertaken by health insurance companies, businesses that administer health plans, and companies that review bills for health care services in order to process claims for health care benefits. These functions include management and administrative activities. For example, such companies may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services auditing functions, compliance programs, business planning and accreditation, certification, licensing, and credentialing activities. Only necessary information will be used or disclosed.
4. **Contacting the Client.** Magee Madry Counseling Services, LLC, may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
5. **Required by Law.** Magee Madry Counseling Services LLC, will disclose PHI when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect to the Department of Human Services or to law enforcement; (b) when court ordered to release information; (c) when there is a legal duty to warn of a threat that a client has made of imminent physical violence, health care professionals are required to notify the potential victim of such a threat, and report it to law enforcement; (d) when a client is imminently dangerous to herself/himself or to others, or is gravely disabled, health care professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client; and (e) when required to report a threat to the national security of the United States.

6. **Health Oversight Activities.** Your confidential PHI may be disclosed to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the healthcare system, government health care benefit programs, and regulatory programs or determining compliance with program standards.
7. **Crimes on the Premises or Observed by Magee Madry Counseling Services, LLC, Staff.** Crimes that are observed by Magee Madry Counseling Services, LLC, staff that are directed toward staff, or occur on the premises of Magee Madry Counseling Services will be reported to law enforcement.
8. **Business Associates.** Confidential health information concerning you, provided to insurers or to plans for purposes of payment for services that you receive may be disclosed to business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, PHI will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the PHI released to them.
9. **Research.** PHI concerning you may be used with your permission for research purposes if the relevant provisions of the federal HIPAA privacy regulations are followed.
10. **Involuntary Clients** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers, and others, as necessary to provide the care and management coordination needed in compliance with Alabama law.
11. **Family Members.** Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, PHI will not be disclosed.
12. **Emergencies.** In life-threatening emergencies, Magee Madry Counseling Services, LLC, staff will disclose information necessary to avoid serious harm or death.
13. **Psychotherapy Notes.** Psychotherapy notes are maintained separate from your mental health record. These notes will be used only by your therapist and disclosure will occur only under these circumstances (a) the therapist who wrote the notes uses them for your treatment; or (b) they may be used for training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills; or (c) if you bring a legal action and we have to defend ourselves; and (d) certain limited circumstances defined by the law.
14. **Client Release of Information or Authorization.** Magee Madry Counseling Services, LLC and other health care professionals may not use or disclose protected health information in any way without a signed release of information or authorization. When you sign a release of information, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent Magee Madry Counseling Services, LLC has already taken action in reliance thereon.

## II. YOUR RIGHTS AS A CLIENT AND PROVIDER DUTIES

**A. Access to Protected Health Information.** You have the right to receive a summary of confidential health information concerning you with regard to mental health services needed or provided to you. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Magee Madry Counseling Services, LLC staff for the appropriate request form. C.R.S. 25-1-801 requires health care facilities to allow a patient or patient's designated representative to inspect, at reasonable times and upon reasonable notice, the patient's medical records. However, records pertaining to mental health problems may be withheld from a patient. A summary of records pertaining to a patient's mental health problems may, upon written, signed, and dated request, be made available to the patient or his or her designated representative following termination of the treatment program. C.R.S. 25-1-802 states that records pertaining to a client's mental health problems maintained by a psychotherapist need not be made available to a patient. Instead, a summary of records concerning mental health problems may, upon request and signed, and dated authorization, be made available to the patient or a designated representative.

**B. Right to Request an Amendment of Your Record.** You have the right to request that Magee Madry Counseling Services, LLC or your health care professionals amend your PHI. Magee Madry Counseling Services, LLC is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Magee Madry Counseling Services, LLC staff for the appropriate request form.

**C. Right to Receive an Accounting of Certain Disclosures.** You have the right to receive an accounting of certain disclosures Magee Madry Counseling Services, LLC has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Magee Madry Counseling Services, LLC staff for the appropriate request form.

**D. Restrictions.** You have the right to request additional restrictions on the use or disclosure of your health information. Magee Madry Counseling Services, LLC does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request ask Magee Madry Counseling Services, LLC staff for the appropriate request form.

**E. Receiving Confidential Communications by Alternative Means.** You have the right to request that you receive communications of PHI from Magee Madry Counseling Services, LLC by alternative means or at alternative locations. For example, if you do not want Magee Madry Counseling Services to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Magee Madry Counseling Services, LLC staff for the appropriate request form.

**F. Faxing, Emailing, and Texting.** When you request Magee Madry Counseling Services to fax, email, or text your PHI as an alternative communication, we may agree to do so. If we agree to do so by providing us with this information, you are guaranteeing that you have sole access to the fax, email, or phone with text messaging. We are not responsible for PHI reviewed by others if it is a shared fax, email or phone, as you requested that it be sent there. We will include a cover sheet or attach an appropriate notice to the message.

**G. Right to Receive Notice of a Breach.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**H. Copy of Notice.** By request you have a right to obtain another copy of this notice.

### III. ADDITIONAL INFORMATION

**A. Privacy Laws.** Magee Madry Counseling Services, LLC is required by state and federal law to maintain the privacy of PHI. In addition, Magee Madry Counseling Services is required by law to provide clients with notice of its legal duties and privacy practices with respect to PHI. That is the purpose of this notice.

**B. Complaints Regarding Privacy Rights.** If you believe Magee Madry Counseling Services, LLC has violated your privacy rights, you have the right to complain to Magee Madry Counseling Services, LLC owner. Please submit a statement, in writing, addressed to Magee Madry Counseling Services, LLC and send to the post office box address, concerning your complaint and the basis for it. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.U., Room 509F, HHH Bldg., Washington, D.C. 20201. It is the policy of Magee Madry Counseling Services, LLC that there will be no retaliation for you filing of such complaints.

**C. Additional Information.** If you would like additional information about your privacy rights at Magee Madry Counseling Services, LLC, please ask us any questions that you may have.

**D. Right to Revoke Consent or Authorization.** You have the right to revoke your consent or authorization to use or disclose your medical or mental health information, except for action that has already taken place under your consent or authorization.

### IV. RESTRICTIONS AND CHANGES TO PRIVACY POLICY

- A. **Terms of the Notice and Changes to the Notice.** Magee Madry Counseling Services, LLC is required to abide by the terms of this notice, or any amended notice that may follow. Magee Madry Counseling Services reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains. When the notice is revised, the revised notice will be posted in service delivery sites and will be available upon request.