

NOTICE OF PRIVACY POLICIES



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

Introduction

Beacon Psychology Services, LLC (hereafter referred to as BPS) is committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 4/01/2010, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

When therapy/counseling services are provided to you or your legal dependents at BPS, a record is made of the service. Typically, this record contains your concerns, updated pertinent information, clinical impressions, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the mental health/ health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice to you at your next appointment or, as needed, mail a revised notice to the address you've supplied us.

Your Health Information Rights

Although your health record is the physical property of BPS, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy policies practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524 ,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain a paper or electronic copy of your health information upon written request to BPS (we reserve the right to limit or deny your request under limited conditions, and to charge you a reasonable fee for the costs of copying and mailing you supplies associated with your request, unless you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program),
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Be notified upon a breach of any of your unsecured protected health information,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

BPS is required to:

- Maintain the privacy of your health information,
- Provide you with, and abide by the terms of, this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Only release your health information, including psychotherapy notes, with your written consent unless exception is described in this notice,
- Obtain written consent for any use of your health information for marketing purposes or for the sale of your health information,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

How BPS may Use and Disclose your Health Information

We will use your health information for treatment.

Information obtained by a BPS therapist will be recorded in your record and used to determine the course of treatment that should work best for you. The recommended course of treatment will be documented, as will the means by which this information was relayed to you. This information will be updated at each visit. We may disclose your health information to other medical providers who are involved in your care or whom you see subsequent to discontinuing care at BPS.

We will use your health information for payment.

We may disclose your health information so that we or others may bill and receive payment from you, your insurance company, or other third party for the treatment and services you receive. You have the right to restrict information shared to health plans if you pay out of pocket in full at the time of service.

We will use your health information for regular health care operations.

Members of our staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the care and service we provide.

We will also use your health information to contact you to remind you that you have an appointment with us.

When appropriate, we may also use and disclose your health information with a person who is involved in your medical care, such as your family or a close friend.

We will provide you with an opportunity when we practically can do so to agree or object to disclosing your health information to disaster relief organizations to coordinate your care or notify family and friends of your location or condition in the event of a disaster.

We will disclose your health information when required by international, federal, state, or local law.

We will use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

If you are involved in a lawsuit or dispute, we may disclose health information in response to a court or administrative order, subpoena, discover request, or other lawful process by someone else involved in the lawsuit, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

We may also release health information if required by a law enforcement official if the information is: (1) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (2) about the victim of a crime even if we are unable to obtain the person's agreement; (3) about a death that we may believe may be the result of criminal conduct; (4) about criminal conduct in our premises; (5) in an emergency to report a crime, location of a crime or victims, or the identity, description, or location of the person who committed the crime.

We may disclose health information for public health activities required by law. These generally include disclosures to: prevent or control disease, injury, or disability; report births or deaths, report child abuse or neglect, report reactions to medications, or notify people who may have been exposed to disease.

We may also disclose health information to a health oversight agency for activities authorized by law, including, for example, audits, investigations, inspections, and licensure.

We will release health information to authorized federal agencies for intelligence, counter-intelligence, other national security activities as required by law, for the protection of the President, and for authorized persons to conduct special investigations.

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

We may disclose health information to a coroner, medical examiner, funeral director to, for example, identify a deceased person or determine the cause of death. We may also disclose a decedent's health information to family members and others involved in the care or payment for care of the decedent prior

to death, unless doing so is inconsistent with any prior express preference of the person that is known to BPS.

We will use your health information for research.

We may also utilize information for our own research or disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

We will use and disclose your health information to business associates.

There are some services provided in our organization through contracts with business associates; examples include professional services, transcription services, and accounting services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. All business associates are directly obligated under HITECH 13404(a) to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the BPS's Privacy Officer at 317/942-4020.

If you believe your privacy rights have been violated, you can file a complaint with BPS's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

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