

## **HIPAA Privacy of Information Policies**

This notice describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.

### **SEARCHING PATHWAY'S LEGAL DUTIES**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on health care practitioners concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information — whether received in an evaluation, intake, counseling sessions, or released from other health care providers. This notice describes the privacy practices of Searching Pathways, as well as your rights to this information. Searching Pathways retains the right to revise this privacy policy in accordance with the ethical and legal requirements of the mental health profession. Any changes in this notice will be made available upon request before changes take place. This document will be printed upon request or can be accessed at [www.SearchingPathways.com](http://www.SearchingPathways.com).

### **USE OF INFORMATION**

Searching Pathways will access your record and use your mental health information to assist in the continuity of your treatment and services. Information about you may be used by the personnel associated with Searching Pathways for diagnosis, treatment planning, treatment, and continuity of care. When information is shared, only the minimal information is disclosed. Both verbal information and written records will not be shared with another party without the written consent of the client or the client's legal guardian or personal representative. Exceptions to this are as follows:

### **NORMAL BUSINESS PRACTICE**

Your use of services may be disclosed to business associates affiliated with Searching Pathways through the use of normal office procedures, such as billing, collecting payments, banking, quality enhancement, and audits.

### **EMERGENCIES**

PHI may be disclosed without consent if you are incapacitated or if an emergency exists.

### **DUTY TO WARN AND PROTECT**

When a client discloses intentions or a plan to harm another person or persons, all licensed psychologists are required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the legal authorities will be notified and reasonable attempts to notify the family of the client will be made.

### **ABUSE**

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, a report of this information will be made to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and his or her safety appears to be at risk, this information may be shared with law enforcement officials to help prevent future occurrences and capture the perpetrator. Law enforcement or social service agencies may be contacted for past occurrences if there still exists a danger to the client or others.

### **IN THE EVENT OF A CLIENT'S DEATH**

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

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### **JUDICIAL OR ADMINISTRATIVE PROCEEDINGS**

Health care professionals are required to release records of clients when a court order has been placed.

### **MINORS/GUARDIANSHIP**

Unless specifically waived, parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

### **OTHER PROVISIONS**

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

### **YOUR RIGHTS**

You have the right to request to review or receive your medical files. You may request in writing (with a non-photocopied signature) to inspect your records or obtain a copy of your records. The charge for copies is \$0.25 per page, plus postage. If your request for access is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians.

You have the right to cancel a release of information by providing a written notice. If you desire to have your information sent to a location different than your address on file, you must provide this information in writing.

You have the right to restrict what information might be disclosed to others. However, Searching Pathways is not bound to abide by them.

You have the right to request that information about you be communicated by other means or to another location. This request must be submitted in writing.

You have the right to disagree with the medical records. You may request that this information be changed. If these changes are refused, you have the right to make a statement of disagreement, which will be placed in your file.

You have the right to know what information in your record has been provided to whom. Request this in writing.

If you desire a written copy of this notice you may obtain it by requesting it or downloading it at [www.SearchingPathways.com](http://www.SearchingPathways.com).

### **COMPLAINTS**

If you have any complaints or questions regarding these procedures, please contact Robert Mitchell. You may also submit a complaint to the U.S. Dept. of Health and Human Services (DHHS, Office of Civil Rights - 200 Independence Avenue, S.W. - Room 509F HHH Building

Washington, DC 20201). If you file a complaint, Searching Pathways will not retaliate in any way.

Client (or Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner (or Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_