**HIPAA NOTICE OF PRIVACY PRACTICES**

Effective 10/20/2017

**This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this notice, please call 903-807-0189 to speak with Privacy Officer and Executive Director Roxanne Stevenson (Roxanne@TheMartinHouseCAC.org) or Security Officer and Therapist Tracey Moore, LPC (Tracey@TheMartinHouseCAC.org).**

**OUR RESPONSIBILITIES**

The Martin House Children’s Advocacy Center (CAC) is required by law to maintain the privacy and security of your protected health information (PHI) and to provide you with this Notice of Privacy Practices. The CAC must abide by the terms of this notice, will only release information in accordance with state and federal laws and the ethics of the counseling profession, and must notify you if a breach of your PHI occurs that may compromise the security of your information.

Terms of this notice may change and such changes will apply to all information that pertains to you. New notices will be available upon request, posted at the CAC therapy office, and on our website at www.The MartinHouseCAC.org.

**USES AND DISCLOSURES OF PHI FOR THE PURPOSES OF PROVIDING SERVICES**

Providing treatment services, collecting payment (if applicable), and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your PHI without your authorization or consent for the following reasons:

* **Your treatment** – the CAC can use and share your health information with other professionals who are treating, managing, or coordinating your care or to discuss alternative treatment options and healthcare services. *Example: the CAC may share PHI with a doctor treating you to better coordinate your care*
* **Bill for services –** although the CAC currently receives grants and donations to pay for therapy services, we are allowed to use and disclose health information to verify insurance and coverage, process claims, and collect fees. *Example: we share PHI with your insurance company*
* **Run our organization** – to improve our services, your care, or to contact you when necessary and remind you of appointments. *Example: we may use health information to review treatment procedures while training other counselors*
* **Incapacitation or Emergency –** the CAC may disclose your PHI if an emergency exists. *Example: you are unconscious or in severe pain and an ambulance must be called*

Subject to certain limitations mandated by law, we are also permitted or required to share your PHI, without your consent, for the following purposes:

* **Comply with the law** – when state or federal laws require it, including reporting crimes occurring on the CAC premises
* **Public health and safety issues** – such as preventing disease, reporting adverse reactions to medications, preventing or reducing a serious threat to anyone’s health or safety
* **Address workers’ compensation, law enforcement, or other government requests** – as required for workers’ compensation claims, law enforcement purposes, or for special government functions such as national security, military missions, helping to ensure the safety of those working within or housed in correctional institutions
* **Legal actions** – responding to a court or administrative order or in response to a subpoena
* **To report abuse** – when there is reason to believe that a child, disabled, or elderly person is in danger of physical, emotional, or sexual abuse or when preventing or reducing serious threats to anyone’s health or safety
* **Research purposes** – including studying and comparing the mental health of patients who receive one form of therapy versus those who receive another form of therapy for the same condition
* **Health oversight activities** – including audits and investigations
* **Requests from medical examiner, funeral director, or organ donation programs** – information can be shared with a coroner, medical examiner, organ procurement organizations, or funeral director when an individual dies, when such individuals are performing duties authorized by law

**YOUR CHOICES**

Certain uses and disclosures require your written authorization before information can be shared. You have the right to revoke or change your authorization in writing at any time. You can tell us your choices about what we share and with whom in the following cases:

* Sharing information with your family, close friends, or others that you indicate
* In a disaster-relief situation
* For fundraising efforts – the CAC is a non-profit organization and may contact you during fundraisers; you are under no obligation to donate and may say you do not want to be contacted again
* For marketing purposes – the CAC will not share or sell your information to other agencies for marketing or promotional purposes
* Treatment notes – brief treatment notes recorded in your file or a summary of your treatment (note: psychotherapy notes, as defined by 45 CFR 164.501, may or may not be used by CAC counselors and receive special protections under HIPAA Privacy Rule)

**YOUR RIGHTS**

When it comes to your health information, you have the following rights regarding your PHI:

* **Inspect and/or get an electronic or paper copy of your records** – Other than psychotherapy notes, you can ask to see or get an electronic or paper copy of your records and health information we have about you. We will provide a copy or a summary, within 30 calendar days of receiving your written request. The CAC may charge a reasonable, cost-based fee for copying your records to include labor, supplies, and postage expenses, and will notify you in advance of the approximate fee that may be charged.
* **Correct or update your health information** – If you believe the PHI we have is incomplete or incorrect, you may request the information be changed. We may say “no” to your request, but will tell you why in writing within 60 days of receiving your written request.
* **Request confidential communications** – You can ask to be contacted or receive PHI in a specific way (for example, home or office phone or have mail sent to a different address). We will accommodate all reasonable requests.
* **Request limits on uses and disclosures of your PHI** – You can ask us in writing not to use or share certain PHI for treatment, payment, or our operations. The CAC is not required to agree to your request and may say “no” if it would affect your health care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. Therapy services provided at the CAC are covered by grant funds and donations.
* **Receive a list of those with whom we’ve shared your information** – You can ask us for a list/accounting of times we’ve shared your health information for up to six years prior to the date you ask, with whom we shared it, and why. We will include all disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make or for law enforcement or national security). We will provide one accounting per year for free, but may charge a reasonable, cost-based fee if you ask for another list within 12 months.
* **Get a copy of this Privacy Notice** – You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.
* **Choose someone to act for you** – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
* **File a complaint** – **If you feel we have violated your privacy rights, please contact us to discuss (see information on page 1). You have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Mail letters to 200 Independence Avenue, S.W., Washington, D.C. 20201, visit www.hhs.gov/ocr/privacy/hipaa/complaints or call 1-877-696-6775. We will not retaliate against you for filing a complaint.**