

MASTERPEACE CENTER FOR COUNSELING & DEVELOPMENT NOTICE OF PRIVACY PRACTICES STATEMENT - CLIENT

This notice describes how medical, mental health, and substance abuse information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

MASTERPEACE Counseling is committed to protecting the privacy of your medical, mental health, and substance abuse information. We create a record of the care and services that you receive from us. This information is needed to provide you with quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices. We are also required to comply with the terms of this notice.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations, and for other purposes that are permitted or required by law. This notice also describes your rights regarding the information that we maintain about you and a brief description of how you may exercise these rights.

“Protected Health Information” means medical, mental health, and substance abuse information, including identifying information about you that we have collected from you or received from others.

The privacy practices in this notice apply to all MASTERPEACE Counseling employees.

Your Rights: You have the following rights regarding your protected health information.

- ❖ **Confidential Communications.** You may ask that we communicate with you in a particular way, or at a certain location, such as calling you at work rather than at home, to maintain your confidentiality.
- ❖ **Inspect and Copy.** You have the right to review and/or receive a copy of the information in your record. Under certain limited circumstances, we may have to deny your request. If we deny your request, you may ask for a review by contacting the MASTERPEACE Counseling Privacy Officer of the Office of Recipient Rights.
- ❖ **Addendum.** You may ask us to add an addendum to the information in your records if you feel that the information is incorrect or incomplete. Your request may be denied if we did not create the information. You may prepare a statement that will be included in our clinical record if you do not agree with information in your record.
- ❖ **Accounting of Disclosures.** You may request a list of disclosures that we have made of your protected health information with the exception of treatment, payment, and healthcare operations described in this notice or information that was released with your authorization.
- ❖ **Requesting Restrictions.** You may ask us to limit our use or disclosure of your protected health information. We are not required to agree to your request, but if we do, we will honor your request unless the information is needed to provide emergency treatment for you.
- ❖ **Receiving a Copy of this Notice.** You may receive a paper copy of this notice at any time upon request.

How we will use and disclose your protected health information:

Uses and Disclosures that may be made for Treatment, Payment, and Healthcare Operations

- ❖ **For Treatment.** We may use and disclose your protected health information to provide, coordinate, and manage your care and services. Information about you may be shared with MASTERPEACE Counseling Staff, who may be involved in your care or services. This information will be shared on a “need to know” basis. For example, a staff person may need to speak with his or her supervisor or with your psychiatrist or physician about the services that you are receiving. When contacting a physician your permission to release the information is required.

We also may use your health information in order to remind you about an appointment at MASTERPEACE Counseling or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Business Associates: There are some services such as billing and insurance services provided through contacts with “business associates”. We may need to share information about you with our “business associate” in order to coordinate and manage your services. To protect the privacy of your health information, “business associates” are required to abide by all aspects of this Notice of Privacy Practices.

- ❖ **For Payment.** Your protected health information will be used and disclosed, as needed, to obtain payment for your services. For example, a bill for services sent to you or to a third-party payer such as Medicaid, might include identifying information about you such as your name, your diagnosis, and services received.
- ❖ **For Health Care Operation.** We will use or disclose, as needed, your protected health information to support and improve the activities of MASTERPEACE Counseling. For example, MASTERPEACE Counseling staff may use information in your clinical record to evaluate the care that you received. This information would then be used in efforts to improve the quality and effectiveness of services provided by MASTERPEACE Counseling. This information would be used for statistical purposes only, without identifying names.
- ❖ **Reasons for Office Contacts.** We may use or disclose your health information to provide you with billing information, appointment changes, closing evaluation letter, or return of resource materials.

Uses and Disclosures that may be made only with your specific authorization

- ❖ Other uses and disclosures of your protected health information will be made only with your specific written authorization, unless otherwise permitted, or required by law as described below. For example, your written authorization would be required for us to share your confidential information with a member of your family or with your family doctor except in circumstances specified in this notice. You may revoke this authorization at any time, in writing, except to the extent that we have already taken an action to use or disclose your information, relying upon our authorization.

Uses and Disclosures that may be made without your authorization

- ❖ **As Required by Law.** We may be required by federal, state, or local law to disclose your protected health information. For example, if you have threatened to harm another person, we may be required to notify the local police department and the threatened person.
- ❖ **For Public Health Activities.** We may need to disclose your protected health information to a public health authority that is required by law to receive the information. Such disclosures would be made for the purpose of controlling disease, injury, or disability. For example, a disclosure regarding HIV/AIDS status would be made to the local Department of Public Health if necessary to protect the health of an individual, diagnose and care for the mental health consumer, or to prevent further transmission of the virus.
- ❖ **Abuse or Neglect.** We may be required to disclose your protected health information if we suspect that you or another person has been abused or neglected.
- ❖ **Health Oversight.** We may be required to disclose your protected health information for an audit, inspection, investigation, or other health care oversight activity.
- ❖ **Judicial and Administrative Proceedings.** We may have to disclose your protected health information if we receive a court order or subpoena.
- ❖ **Law Enforcement.** We may have to disclose your protected health information in connection with a criminal investigation by a federal, state, or local law enforcement agency, or to authorized federal officials who provide protective services for the President or other persons.
- ❖ **Serious Threat to Health or Safety.** We may be required to disclose information about you when it is necessary to prevent a serious threat to your health and safety or that of another person or of the public.
- ❖ **Coroner or Medical Examiner.** We may need to disclose your protected health information to help identify a deceased person or to determine a cause of death.
- ❖ **Research.** We may disclose your protected health information to researchers if their research proposal includes protocols to insure the privacy of your health information.

If you believe that your rights have been violated, contact the Privacy Officer or the office of Civil Rights. Your services will not be affected in any way if you file a complaint.

To file a complaint with MASTERPEACE Counseling or if you have any questions or want more information, call or write:

Privacy Officer: MASTERPEACE Center for Counseling & Development
308 South Maumee Street, Tecumseh MI 49286, 517-423-6889