

# NOTICE OF PRIVACY PRACTICES

This Notice is effective December 28, 2015

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

## **WE ARE REQUIRED BY LAW TO PROTECT YOUR HEALTHCARE INFORMATION**

We are required by law to protect the privacy of your health information. **Protected health information (PHI)** is any information about health status, provision of health care, or payment for healthcare that can be linked to a specific individual. This information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your PHI. We are legally required to follow the terms of this notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Post the new notice on our website
- Have copies of the new Notice available upon request. (*Please contact our office at 412.653.7829 to obtain a written copy current Notice*).

The rest of this Notice will:

- Discuss how we may use and disclose your PHI.
- Explain your rights with respect to your PHI
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact us at 412.653.7829

## **WE MAY USE AND DISCLOSE YOUR PHI IN SEVERAL CIRCUMSTANCES**

We may use and disclose your PHI in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose PHI. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact us at **412.653.7829**

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470 Streets Run Road Suite 402 Pittsburgh PA 15236-2073

Phone: 412.653.7829 Fax: 412.653.7828



### **1. Treatment**

We may use and disclose your PHI to provide psychotherapy services to you. In other words, we may use and disclose your PHI to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others. We may use and disclose your PHI with other clinicians in this practice without expressed consent.

### **2. Payment**

We may use and disclose your PHI to obtain payment for healthcare services that you received. This means that, within the health department, we may *use* medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* your PHI to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will *pay* for a particular service.

### **3. Healthcare Operations**

We may use and disclose your PHI performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for interns to help them practice or improve their skills. Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

### **4. Persons Involved in Your Care**

We may disclose your PHI to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor, except in limited circumstances.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose your PHI to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

### **5. Required by Law**

We will use and disclose your PHI whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information.

### **6. National Priority Uses and Disclosures**

When permitted by law, we may use or disclose your PHI without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose PHI that it is acceptable to disclose PHI without the individual's permission. We will only disclose

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medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law:

- **Threat to health or safety:** We may use or disclose PHI if we believe you are a threat to yourself or others.
- **Child Abuse/Elder Abuse:** We may disclose PHI if we believe there is abuse or neglect.
- **Health oversight activities:** We may disclose PHI to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court without your consent only with a court order.
- **Law enforcement:** We may disclose PHI to law enforcement official, for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Workers’ compensation:** We may disclose PHHI in order to comply with Workers’ Compensation laws.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

#### **7. Authorizations**

Other than the uses and disclosures described above (#1-6), we will not use or disclose your PHI, without “authorization” – or signed permission – of you or your personal representative.

If you sign a written authorization allowing us to disclose your PHI, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## **YOU HAVE RIGHTS WITH REGARDS TO YOUR PHI**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at **412.653.7829**

### **1. Right to a Copy of This Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact us at 412.653.7829.

### **2. Right of Access to Inspect and Copy**

You have the right to inspect (which means see or review) and receive a copy of your PHI. As we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your PHI provided it can be sent in a secure format. You may also instruct us in writing to send an electronic copy of your medical records to a third party.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you, in writing, if you have the right to have our decision reviewed by another person. If you would like a copy of your PHI, we will charge you a fee to cover the cost of the copy. Our fees for electronic copies of your medical records will be

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limited to the direct labor costs associated with fulfilling your request. Our fees are set in accordance with the CMS standard.

### **3. Right to Have your PHI Amended**

You have the right to have us amend (which means correct or supplement) your PHI. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

### **4. Right to an Accounting of Disclosures Made**

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting of disclosures.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to November 1, 2010.

### **5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request that we limit the use and disclosure of your PHI for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

### **6. Right to Request an Alternative Method of Contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

### **7. Right to Notification if a Breach of your PHI Information Occurs**

You also have the right to be notified in the event of a breach of medical information about you.

If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following: a summary of what happened, what type of information was involved and steps we are taking in response to the breach.

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## **YOU HAVE THE RIGHT TO FILE A GRIEVANCE ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

To file a written complaint with us, you may bring your complaint directly to our office, or you may mail it to the following address:

Stay Counseling Center  
470 Streets Run Road  
Suite 402  
Pittsburgh, PA 15236-2073  
Phone: 412.653.7829  
FAX: 412.653.7828  
Email: [susan@staycounseling.com](mailto:susan@staycounseling.com)

To file a written complaint with the federal government, please use the following contact information:

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

Toll-Free Phone: 1-(877) 696-6775  
Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)  
Email: [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

**YOU HAVE THE RIGHT TO COMPLAIN AND WE WILL NOT TAKE ANY ACTION  
AGAINST YOU OR CHANGE OUR TREATMENT OF YOU IN ANY WAY IF YOU  
FILE A COMPLAINT.**

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