

SAMARITAN COUNSELING & GROWTH CENTER
245 SE Madison Blvd
BARTLESVILLE, OK 74006
918-336-1463

NOTICE OF PRIVACY PRACTICES

This notice is effective April 1, 2003

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

Purpose of this Notice:

The Samaritan Counseling & Growth Center (SCGC) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how SCGC is permitted to use and disclose your PHI about you.

This notice is covered under HIPAA (Health Insurance Portability & Accountability Act). Any state law that is more stringent than the HIPAA rules and regulations has priority.

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice as long as those changes are permitted or required by law. When we make any of these changes, we will post a new Notice in the waiting area of our office and provide you a copy upon request

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. For most uses/disclosures, we must obtain your consent. However, the law provides that we are permitted to make some uses/disclosures without your consent. The following offers more description and examples of our potential uses/disclosures of your PHI.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations.

For treatment: We may use/disclose your PHI to a physician or other healthcare providers providing treatment to you with a signed release.

Payment: We may use/disclose your PHI to obtain payment for services we provide to you from your insurance, Medicaid, Medicare, or third party payers; and/or obtain approval in advance from your insurance company.

Healthcare operations: We may use/disclose your PHI in connection with our business operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.

Your authorization: In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Special rules for psychotherapy notes: Except for psychotherapy notes, we may use and disclose your PHI for treatment, payment and operations without your authorization. Disclosure of psychotherapy notes requires your prior authorization, except when those notes are used by the originator to carry out treatment. In addition, HIPAA and Oklahoma law limit your access to psychotherapy notes unless your treating physician or practitioner consents to their release.

To family, friends or others involved in your care, in case of an emergency: If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to use/disclose your PHI in your best interest at that time. In so doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.

When required by law: We may disclose your PHI if we are required to do so by applicable federal, state or local law, such as to report suspected child abuse or abuse of vulnerable adults, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with the privacy requirements.

For health oversight activities: We may disclose PHI for audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) to oversee the healthcare system.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm. *For example, a plan to commit suicide or a homicidal act.*

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situation, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To request confidential communication: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so. We will work to meet all reasonable requests to communicate confidentially.

To inspect and copy your PHI: You have the right to inspect and copy your health information, except for information needed to civil, criminal, or administrative actions and proceedings, and psychotherapy notes. You may be charged a fee for copies in accordance with Oklahoma Law.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (a) amended and complete: (b) not created by us and/or not part of our records: or (c) not permitted or be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will amend the PHI and so inform you, and tell others that need to know about the amendment in the PHI.

To find out what disclosures have been made: You have the right to receive an accounting of disclosures that we have made. If you would like to receive an accounting, send us a letter requesting an accounting. The accounting will not include several types of disclosures, including disclosures for treatment or disclosures for which you gave consent. It will also not include disclosures made prior to April 14, 2003. However, from that day forward, disclosures must be documented and retained for a period of six (6) years. We will respond to your written request for such a list with in 60 days of receiving it. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of this Notice upon request.

HOW TO COMPLAIN 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 complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. You may file a written complaint to Connie Freebern, HIPAA Compliance Officer, 245 SE Madison Blvd., Bartlesville, OK 74006. You may also file a written complaint with the US Department of Health & Human Services. We will provide you with that address upon written request. You must file a complaint within 80 days of the date on which the action that caused concern happened.