

Caring Alternatives' Privacy Notice To Clients & Patients

This notice is in response to a new Federal law, The Health Insurance Portability and Accountability Act (HIPAA). It describes how consent, services, treatment, and medical information about you may be used/disclosed and how you can access the information. Please review it carefully. If you have any questions about this information, please contact our Privacy Manager.

This notice applies to all employees, staff, and individuals involved in your treatment, payments, or the operations of the agency. We are required by law to make sure that medical/treatment information that identifies you is kept private and you receive notice of our legal obligations and privacy practices.

This notice applies to all your records whether generated by CAI or received from other providers on your behalf. This notice tells you about the ways we may use and disclose information about you. It also describes your rights regarding said information and certain obligations we have regarding the use and disclosure of your protected health information.

Our commitment to you is to understand that information about you is personal and confidential. We have always used, shared and stored your information responsibly and will continue to do so. All staff are trained and committed to following the terms of CAI's Privacy Notice to Clients & Patients.

How we may use and disclose medical information about you is described in the following categories. Each category includes a description of what we mean along with an example of what is covered. Not every use of disclosure in a category will be listed.

For Treatment

We may use medical/treatment information about you to provide service to you or coordinate benefits for you. This includes consultation between providers relating to a client/patient or the referral of a client/patient from one provider to another. It also may include disclosure of certain information to others involved in your treatment or providing services to you; i.e. home care staff, clinical staff, and other healthcare providers.

For Payment

We may use medical/treatment information about you to bill and secure payment for the treatment/services you have received. Such activities can include, among others; determinations for eligibility or coverage, billing, claims, management, collection activities, and utilization reviews. Managed Care, Insurance Companies and ERISA-certified employee benefits plans are prohibited from conditioning treatment, eligibility for benefits, or payments contingent on a client's/patient's authorization to disclose psychotherapy notes.

For Treatment or Service Delivery Operations

The law permits us to use and disclose medical/treatment information about you for the operation of our agency. These uses and disclosures are necessary to deliver services and to assure that our clients receive quality care. We may use and/or disclose information in the following ways:

- For appointment reminders by mail, telephone or message system
- Written appointment book, monthly schedule, or written care plan which may include the type of service planned for you
- To provide you with information about treatment alternatives or resources that may be of interest to you
- To communicate with persons involved with your care, i.e. family, friends and those who may help with service delivery or payment of your treatment/care
- Quality assessments, utilization reviews to conduct or arrange for medical reviews, legal services and auditing functions, business planning, and administrative services
- Training programs in which students, trainees or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling.

Minimum Necessary Disclosure

We will disclose the minimum medical/treatment amount of information necessary to conduct specified activities; i.e. billing, service referrals, coordination of benefits. The rule does not apply to psychologists, with consideration of state laws, or information requests that require and have obtained written consent.

Business Associates

With “satisfactory assurance” we will disclose the minimum amount of information necessary to business associates/subcontractors for the purpose of conducting business and making service referrals, i.e. service collaboration, billing, medication monitoring, home care.

A written contract will provide “satisfactory assurance” that the associate will appropriately safeguard and use the information disclosed. Said contract will clearly:

- Establish what is permitted and required regarding use and disclosure
- State compliance monitoring and remedy for violation of obligation or breach of contract

A business associate relationship is not created when:

- A postal or courier services is used
- Disclosure to Federal oversight health agencies or review organizations occurs
- Responding to law enforcement or legal requests
- Disclosures are made within the agency
- Disclosures are made for purposes related to treatment

Personal and Legal Representatives

We will treat a personal or legal representative of a client/patient, as if s/he were the client/patient. This rule applies to representatives of deceased individuals unless a state statute takes precedence over the privacy rule. Written legal documentation of legal transfer of authority is required on file. Exceptions to this rule are:

- If there is reason to believe that the client/patient has been or may have been subjected to domestic violence, abuse or neglect
- If there is reason to believe that treating the person as personal representative could endanger the client/patient
- “in the exercise of professional judgment” treating an individual as a personal representative is not in the best interest of the client/patient

Minors

Generally, parents have the authority to make health/treatment decision about their minor children and are therefore recognized as personal representatives.

Exceptions to this rule are:

- If a State law allows a minor to access mental health services without parental consent
- When a court makes the determination or a law authorizes someone other than the parent to make health care/treatment decision for the minor
- When the parent/guardian/person legally acting as the parent assents to an agreement of confidentiality between the minor and the health care professional

Under these exceptions, a minor may voluntarily choose to involve a parent or other adult. When a parent, guardian or other legal representative signs an authorization for release of records, it remains valid even when the minor becomes an adult until it is revoked or expires.

Research

Under certain circumstances, we may use and disclose medical/treatment information about you for research projects; we will ask for your specific authorization if the research information includes items of your identity.

Organ and Tissue Donation

If you are an organ donor, we may release medical/treatment information to organizations that handle organ, eye, and tissue procurement or transplantation as necessary to facilitate donation and transplantation.

Coroners, Medical Examiners, Funeral Directors

We may release medical/treatment information if deemed necessary to identify a deceased person or to determine the cause of death.

Military And Veterans

If you are a member of the armed forces, we may release medical/treatment information about you as required by military command authorities.

Workers Compensation And Disability Situations

We may release medical/treatment information about you for worker's compensation or similar programs for the purpose of seeking or securing benefits for you.

As Required By Law

We will disclose medical/treatment information about you when required to do so by Federal, State or Local law, and Administrative Tribunals i.e. Social Security Administration.

To Avert Serious Threat To Health And Safety

We may use and disclose medical/treatment information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of others.

Public Health Risks

We may disclose medical/treatment information about you for public health activities or as required by law. The activities below may not be an all inclusive list.

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child/adult abuse, neglect, or exploitation as required by law
- To report reactions to medications or problems with a product
- To notify people of recalls of products that they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Monitoring and Oversight Activities

We may disclose medical/treatment information to a oversight agency for the activities authorized by law; i.e. audits, investigations, inspections, licensure.

Lawsuits and Disputes

We may release medical/treatment information about you in response to a court or administrative order, subpoena, non-court ordered subpoena, discovery request, or other lawful process.

Law Enforcement

We may release medical/treatment information if requested to do so by a law enforcement official. The following is not an all inclusive list.

- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- To provide information about a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- To provide information about a death we believe may be the result of criminal conduct
- To provide information about suspected or alleged criminal conduct on or within a premises
- In response to an emergency situation to report a crime, the location of the victim(s), or the identity/location of alleged criminal

National Security and Intelligence Activities

We may release medical/treatment information about you to authorized Federal Officials or Intelligence, Counter Intelligence, and other National Security activities authorized by law.

Protective Services for the President and Others

We may release medical/treatment information to authorized Federal Officials so they may provide protection to the President or other authorized persons, foreign heads of state, or to conduct special investigations.

Inmates

We may release medical/treatment information to an authorized correctional institute, custodian or law enforcement official. This is not an all inclusive list.

- To securing treatment/services
- To protect the health and safety of others

Your Rights Regarding Medical/Treatment Information About You

Right to Privacy And Confidentiality

You have the right to expect that any medical/treatment information about you remains private and confidential in accordance with laws governing protected client/patient information.

Right to Inspect and Copy

You may inspect and copy information we use to make decisions about your care; i.e. medical, treatment, and billing records. Said requests are to be in writing and submitted to the Privacy Manager. If you request a copy of your information, a fee will be issued to cover the cost of copying, mailing, supplies and staff time associated with processing your request.

In certain limited circumstances, we may deny a request to inspect and copy. If you have been denied access to your records, you may request in writing to have another direct service provider within the agency review your request and denial. We will comply with the outcome of the second reviewer.

Right to Amend

If you feel that medical/treatment information about you is incorrect or incomplete, you may ask us to amend the information. No prior information or part of the record will be expunged; new information will be added to the existing record. You have the right to request an amendment for as long as the information is kept by the agency.

A written amendment request submitted to the Privacy Manager must be specific and include supporting reasons for the amendment. We may deny amendment requests if the information:

- Was not created by us, or the person or entity that created the information is no longer available
- Is not part of the medical/treatment information kept by or for the agency
- Is not part of documents you would be permitted to inspect or copy
- Is deemed to be accurate/complete

Right to an Accounting of Disclosures

You have the right to receive a listing of specific types of disclosures of your medical/treatment information for a time period of not longer than 6 years, excluding dates before April 2003. Tracking will include the date, name and address of the entity receiving the protected health information, brief description of what was disclosed and statement of the purpose of the disclosure; note, a copy of the client's/patient's written authorization may replace the statement of purpose.

You may not request an accounting of disclosures:

- To health oversight or law enforcement agencies under special circumstance when such disclosure might impede the agency's activities
- Used for facility directory
- To persons involved in your care/treatment
- For national security and intelligence purposes
- To correctional institutions or law enforcement officials
- About access to your records
- To Department of Health and Human Services regarding compliance under the privacy rule
- To business associates and personal and legal representatives under special circumstances

To request an accounting of qualified disclosures, submit your request in writing to the Privacy Manager. An accounting must be made within 60 days of the request. You are entitled to one accounting per year without charge. Additional lists will be issued at a reasonable fee to cover the cost of staff time and supplies involved in processing your request.

Right To Authorize Certain Disclosures

You have the right to give written authorization for the disclosure of certain information not addressed in this privacy notice. The authorization form must be in "plain language" and must contain:

- A specific definition/description of the information requested for use/disclosure
- The purpose of the use/disclosure
- The name of the person, or other specific identification of a class of persons, to whom the agency may disclose the requested information
- An expiration date, or an expiration event that relates to use/disclosure
- A statement of the individual's right not to authorize the disclosure
- A statement outlining the individual's right to revoke the authorization in writing along with the exceptions to the right to revoke
- A statement that information used/disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by this rule
- A signature of the individual granting the authorization
- When relevant, a description of a personal representative's authority to act for an individual
- Any special provision included in state law

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical/treatment information we disclose about you for treatment, payment or office operations. You also have the right to request such restrictions on information we may disclose to someone involved in your care, i.e. you may ask that we not disclose information about a surgery you had to a caregiver or friend. Restriction requests must be submitted in writing to the Privacy Manager and must include:

- The specific information you want to limit
- Whether your limitation includes use, disclosure or both
- Specifically by name to whom you want the limits to apply
- Specifically the reason for your request for restrictions

While we will make reasonable attempts to honor such requests, we are not required to agree to your request. If we do agree to honor your request, we will comply with your request unless the information is needed for emergency treatment or is part of a legal mandate addressed elsewhere in this document.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical/treatment matters in a certain way at a certain location; i.e. you may ask that we only contact you at work or by mail. Submit a written request of confidential communications to the Privacy Manager specifying how or where you wish to be contacted. We will attempt to accommodate all reasonable requests.

Right to File Complaint

You have the right to file a written complaint with the Privacy Manager. Unresolved complaints regarding compliance with privacy rules may be filed with the Department of Health and Human Services.

Retaliatory Action

You have the right not to be intimidated, threatened, coerced, discriminated against or have any other retaliatory action taken against you for:

- Exercising a right or participating in any other allowable process under the privacy rule/this notice
- Filing a Department of Health and Human Services compliance complaint
- Testifying, assisting or participating in a compliance review, proceeding or hearing
- Opposing any act or practice in which the client/patient, or their representative, has a "good-faith belief" that the practice is unlawful and where the manner of opposition is reasonable and does not involve disclosure of protected health information

Waiver of Rights

Clients/Patients cannot be required to waive their right to file a Department of Health and Human Services compliance complaint as a condition of the provision of treatment/service.

Copy Of This Notice You have the right to a paper copy of this notice by contacting the main reception office or the Privacy Manager.

Changes to this Notice We reserve the right to change or revise this notice at any time for any reason. All changes and revisions will apply to all medical/treatment information we currently possess or will possess in the future. A current CAI Privacy Notice to Clients & Patients is posted in the office and on our web site for your review. A paper copy is available upon request.

Caring Alternatives, Inc.

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Available Monday Through Saturday By Appointment

Please submit any questions or comments to: questions@carinalternatives.com