

NEW LIFE COUNSELING
Arizona Baptist Children's Services



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Notice of Privacy Practices
Effective April 14, 2003

This notice describes how protected behavioral health information about our clients may be used and disclosed to others and how our clients can get access to this information. Please read and review the Notice carefully. The privacy of our clients' behavioral health information is important to ABCS.

A. WHAT IS PROTECTED BEHAVIORAL HEALTH INFORMATION?

Protected behavioral health information is health information that is identifiable to an individual and that is transmitted or maintained in any form or medium, including oral, paper, or electronic, by an employer or a health care provider, health plan or a health care clearinghouse.

Information is considered to be individually identifiable if (1) it identifies the individual (client) or (2) there is a reasonable basis to believe that the information can be used to identify the individual.

Protected health information includes medical records, charts, information that relates to treatment, health condition, payment, as well as client name, address and age.

B. ABCS's COMMITMENT TO PROTECT OUR CLIENTS' HEALTH INFORMATION

We are required by applicable federal and state laws to maintain the privacy of our clients' behavioral health information. We are also required to give our clients this Notice about our privacy practices, our legal duties and our clients' rights concerning their behavioral health information. We must follow the privacy practices that are described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all behavioral health information that we maintain, including behavioral health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this Notice.

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C. WITHOUT CONSENT: ABCS MAY USE OR DISCLOSE OUR CLIENTS' PROTECTED HEALTH INFORMATION WITHOUT THEIR CONSENT FOR SPECIFIC PURPOSES

There are specific purposes for which ABCS may use and disclose our clients' protected behavioral health information without their consent as follows:

- 1) Originator: Use of the notes for treatment by the originator and behavioral health staff.
- 2) Required By Law: Use and disclosure as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.
- 3) Public Health Activities: We may use and disclose protected health information to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:
 - To prevent or control disease, injury, or disability;
 - To report disease, injury, or death;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products or devices regulated by the US Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
 - To locate and notify persons of recalls of products they may be using;
 - To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
 - To report to our clients' employer, under limited circumstances, information related primarily to workplace injuries or illness.
- 4) Abuse, Neglect, or Domestic Violence: We may disclose protected health information in certain cases to proper government authorities if we reasonably believe that a client has been a victim of domestic violence, abuse or neglect.
- 5) Health Oversight Activities: We may disclose protected health information to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care program, and compliance with certain laws.
- 6) Lawsuits and Other Legal Proceedings: We may use or disclose protected health information when required by a court or administrative tribunal order. We may also disclose protected health information in response to subpoenas, discover requests, or other required legal process when efforts have been made to advise our clients of the request or obtain an order protecting the information.
- 7) Law Enforcement: Under certain conditions, we may disclose protected health information to law enforcement officials for the following purposes where the disclosure is:
 - About a suspect crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
 - To alert law enforcement of a death that we suspect was the result of criminal conduct;
 - Required by law;

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- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About a crime or suspected crime committed at our facility; or
 - In response to a medical emergency not occurring at our facility, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.
- 8) Coroners, Medical Examiners, Funeral Directors: We may disclose protected health information to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose protected health information to funeral directors, as authorized by law, so that they may carry out their jobs.
- 9) Research: We may use and disclose protected health information about our clients for research purposes under certain limited circumstances where the information is aggregated into forms that make it impossible to identify with a specific client. Otherwise we must obtain a written authorization to use and disclose protected health information about our clients for research purposes.
- 10) To Avert a Serious Threat to Health or Safety: We may use or disclose protected health information about our clients in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.
- 11.) Specialized Government Functions: Under certain circumstances we may disclose protected health information as follows:
- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
 - For national security and intelligence activities;
 - To help provide protective services for the president and others;
 - For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities.
- 12) Disclosures Required by HIPAA Privacy Rule: We are required to disclose protected health information to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

We are also required in certain cases to disclose protected health information to our client upon their request to access protected health information or for an accounting of certain disclosures of protected health information about our clients (those requests are described in Section F. of this Notice).

D. WITH CONSENT: ABCS MAY USE OR DISCLOSE OUR CLIENTS' PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS ONLY WITH OUR CLIENTS' CONSENT

Our client's **written consent is required** before we can use and disclose three specific categories of protected behavioral health information. ABCS provides a Consent Form for this purpose.

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For clients under the age of eighteen (18), the Consent Form must be signed by the client's parent, legal guardian or legal representative.

The following three (3) categories describe the different ways we may use and disclose protected health information for treatment, payment, or health care operations. The examples included with each category may not list every type of use or disclosure that may fall within that category.

1) Treatment: With consent, we may use and disclose protected health information about our clients to provide, coordinate or manage our clients' health care and related services. We may consult with other health care providers regarding our clients' treatment and coordinate and manage our clients' health care with others. For example, we may use and disclose protected health information when our clients need a prescription, lab work, an x-ray, medical care and behavioral health care services. In addition, we may use and disclose protected health information about our clients when referring our clients to another health care provider.

Further, our clients may review their own file or files which may contain protected health information, unless there is specific documentation in the file which contraindicates such review.

2) Payment: With consent, we may use and disclose protected health information so that we can bill and collect payment for the treatment and services provided to our client. Before providing treatment or services, we may share details with our clients' health plan or payer concerning the services our clients are scheduled to receive. For example, we may ask for payment authorization from our clients' payers before we provide care or services. We may use and disclose protected health information to find out if our clients' payer will cover the cost of care and services we provide. We may use and disclose protected health information to confirm our clients are receiving the appropriate care to obtain payment for services. We may use and disclose protected health information for billing, claims management and collection activities. We may disclose protected health information to insurance companies providing our clients with additional coverage. We may disclose protected health information to consumer reporting agencies relating to collection of payments owed to us. We may also disclose protected health information to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment of that health care provider, company, or health plan. For example, we may allow a health insurance company to review protected health information for the insurance company's activities to determine the insurance benefits to be paid.

3) Health Care Operations: With consent, we may use and disclose protected health information in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and reduce health care operations, such as the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example, we may use protected health information about our clients to develop ways to assist our staff in deciding how we can improve the treatment we provide to others.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people. We may use protected health information to identify groups of people with similar behavioral health problems to give them information, for instance, about treatment alternatives, and educational classes.
- Reviewing and evaluating the skills, qualifications and performance of health care providers taking care of our clients.

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- Providing training programs for students, trainees, health care providers, or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care that we provide.
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty.
- Cooperating with various people who review our activities. For example, protected health information may be seen by doctors, therapists or counselors reviewing the services provided to our clients, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our agency's future operations.
- Resolving grievances within our agency.
- Reviewing our activities and using or disclosing protected health information in the event that we sell our agency to someone else or combine with another agency.
- Business planning and development, such as cost-management analyses.
- Business management and general administrative activities of our agency, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating de-identified information that is not identifiable to any individual.
- We may use or disclose protected health information about our clients for certain health care operations of health care providers or agencies that are required to comply with the HIPAA Privacy Rule and have or once had a relationship with our client. For example, such health care operations may include: reviewing and improving the quality, efficiency and cost of care provided to our clients; reviewing and evaluating the skills, qualifications, and performance of health care provider; providing training programs for students, trainees, health care providers, or non-health care professionals' cooperation with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that health care provider or agency.

E. WITH AUTHORIZATION: ABCS MAY USE OR DISCLOSE OUR CLIENTS' PROTECTED HEALTH INFORMATION TO SPECIFIC PERSONS FOR SPECIFIC PURPOSES ONLY WITH OUR CLIENT'S AUTHORIZATION

Our clients' **written authorization is required** before we can use or disclose protected health information as follows:

- 1) With authorization, we may disclose protected health information about our clients to our clients' family members, close friends, or any other person identified by our client if that information is directly relevant to the person's involvement in our clients' care, payment for care or general well being. We may also use and disclose protected health information to notify such persons of our clients' location or general condition.
- 2) We may exercise professional judgment in determining whether the use or disclosure of protected health information is in our clients' best interest. We may also use professional judgment and our experience with common practice to make reasonable decisions about our clients' best interests in allowing a person to act on our clients' behalf.
- 3) ABCS provides an Authorization Form for this purpose.
- 4) For clients under the age of eighteen (18), the Authorization Form must be signed by the client's parent, legal guardian, or legal representative.
- 5)

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F. OUR CLIENTS RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT THEMSELVES

Under federal law, our clients have rights regarding protected health information about themselves.

For our clients under the age of eighteen (18), these rights can only be exercised through a written request signed by the client's parent, legal guardian, or legal representative, except that our clients under the age of eighteen (18) may review (not copy) their file which may contain protected health information unless there is specific documentation in the file which contraindicates such review.

1) Right to Request Restrictions: Our clients have the right to request additional restrictions on the protected health information that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of protected health information to certain individuals involved in our clients' care that otherwise are permitted by the Privacy Rule. We are not required to agree to our clients' requests. If we do agree to our clients' request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat our clients in the case of an emergency. To request restrictions, our clients must make their request in writing to our Privacy Official. In our clients' request, they must include (1) the information that they want to restrict; (2) how they want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this facility, or restricting both); and (3) to whom they want those restrictions to apply.

2) Right to Receive Confidential Communications: Our clients have the right to request that they receive communications regarding protected health information in a certain manner or at a certain location. For example, our clients may request that we contact them at home, rather than at work. Our clients must make their request in writing to our Privacy Official. Our clients must specify how they would like to be contacted (for example, by regular mail to their post office box and not their home). We are required to accommodate reasonable requests.

3) Right to Inspect and Copy: Our clients have the right to request the opportunity to inspect and receive a copy of PHI about themselves in certain records that we maintain. This includes our clients' medical, behavioral health and billing records but does not include information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny our clients' requests to inspect and copy PHI only in limited circumstances. To inspect and copy protected health information, please contact our Privacy Official. We may charge a reasonable fee for the copying, postage, labor and supplies used in meeting these requests.

4) Right to Amend: Our clients have the right to request that we amend protected health information about themselves as long as such information is kept by or for our office. To make this type of request our clients must submit their request in writing to our Privacy Official. Our clients must also give us a reason for their request. We may deny the request in certain cases, including if it is not in writing or if the client did not give us a reason for the request.

5) Right to Receive an Accounting of Disclosures: Our clients have the right to request an accounting of certain disclosures that we have made of protected health information about them. This is a list of disclosures made by us during a specified period of time up to six years other than disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in our clients' care; to our clients directly; pursuant to an

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authorization of our clients or our clients' personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If our clients wish to make such a request, they must contact our Privacy Official identified on the last page of this Notice. The first list that our clients request in a 12 month period will be free, but we may charge for our reasonable costs of providing additional lists in the same 12 month period. We will tell our clients about these costs, and they may choose to cancel their request at any time before costs are incurred.

6) Right to a Paper Copy of this Notice: Our clients have the right to receive a paper copy of this Notice at any time. Our clients are entitled to a paper copy of this Notice even if they have previously agreed to receive this Notice electronically.

G. COMPLAINTS

If our clients believe their privacy rights have been violated, they may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, our clients must contact our Privacy Official at the address and number listed below. We will not retaliate or take action against our clients for filing a complaint.

For our clients under the age of eighteen (18), complaints must be signed by the client's parent, legal guardian, or legal representative.

H. QUESTIONS

If our clients have questions about this Notice, they must contact our Privacy Official at the address and telephone number listed below.

I. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact our Privacy Official at the following address and phone number:

Steve Hanna, Vice President of Regional Operations
1779 N. Alvernon Way
Tucson, AZ 85712
Phone: 520.795.7541
Toll Free: 1 800-678-0648
Email: hanna@abcs-tucson.org