



NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) in accordance with applicable law including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is a federal law that requires all medical records and other individually identifiable health information used or disclosed in any form are kept properly confidential. It gives health providers permission to use and disclose your medical information only for the purposes of treatment, payment, and healthcare operations. It also describes your rights regarding how you may gain access to and control your PHI.

How ICS may disclose PHI:

- **For Treatment:** Your PHI may be used and disclosed for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment providers. We may disclose PHI to any other consultant only with your authorization
- **For Payment:** We may use and disclose PHI to receive payment for the treatment services provided. This will only be done with your authorization. Examples of payment-related activities include but are not limited to making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to determine medical necessity, or undertaking utilization review activities
- **Family Involvement in Care:** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm to self or others
- **Required by Law:** We must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining ICS' compliance with the requirements of the Privacy Rule
- **Judicial and Administrative Proceedings:** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order, or similar process
- **Without Authorization:** As a licensed behavioral health provider in this state it is our practice to adhere to State Mandated Reporter Codes. Therefore, ICS may disclose your PHI to a state or local agency that is authorized by law to receive reports of child, elder, or vulnerable adult abuse or neglect and/or danger to self or others

- **Medical Emergencies:** We may use or disclose your PHI in a medical emergency to medical personnel only to prevent serious harm self or others

Your rights regarding your PHI:

- **Right of Access to Inspect and Copy:** You have the right to inspect and copy your PHI. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. You may also request that a copy of your PHI be provided to another person with your written and/or verbal consent
- **Right to Amend:** If you feel the PHI ICS has about you is incorrect and/or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with ICS. We may prepare a rebuttal to your statement and will provide you with a copy
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures we make of your PHI
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction
- **Right to Request Confidential Communication:** You have the right to request we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request
- **Breach Notification:** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself
- **Right to a Copy of this Notice:** You have the right to a copy of this notice
- **Right to File a Complaint:** You have the right to file a complaint with the U.S. Department of Health and Human Services if you feel your rights have been violated. The contact information is: The US Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201. Phone numbers: (202) 619-0257 or 1-877-696-6775

I have read and understand this notice:

Signature of Client or Client’s Guardian Printed Name Date