



## Notice of Privacy Practices

*This notice describes how both Psychological and Medical information about you may be used and disclosed and how you can get access to this information. Your health record contains personal information about you and your health. This information, which may identify you and may relate to your past, present, or future physical or mental health or conditions and related health care services, is referred to as Protected Health Information (PHI).*

*We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices.*

***Please read carefully!***

### Uses and Disclosures of Protected Health Information

The A&M Christian Counseling Center (AMCCC) may use or disclose your protected health information (PHI) for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations purposes with your consent. Disclosures of your PHI for purposes described in the Privacy Notice may be made in writing or by fax.

1. **Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordination, or managing your health care team. We may disclose PHI to any other consultant with your authorization.
2. **Payment:** We may use and disclose PHI so that we can receive payment from the treatment series provided to you. This will only be done with your authorization. For example, we may disclose PHI to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. We may also disclose client information to another provider involved in your care.
3. **Health Care Operations:** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review, licensing, and conducting or arranging for other business that requires it to safeguard the privacy of your PHI.

### How will AMCCC use my Protected Health Information (PHI)

1. Your personal mental health record will be retained by the AMCCC for at least seven years after your last clinical contact with the agency. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy.
2. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when AMCCC is asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing your psychotherapy notes.
3. You have the right to inspect and copy your mental health information regarding decisions about your care. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by AMCCC.
4. You have the right to request a clarification of record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. The AMCCC is not required to accept the information that you propose.

### Uses and Disclosures with neither Consent nor Authorization:

1. **Child or elderly abuse:** If you give us information, which leads us to suspect child or elderly abuse, neglect, or death due to maltreatment, we must report such information to the state and local agency.
2. **Adult or domestic abuse:** If information you give us gives us reasonable cause to believe that a disable adult is in need of protective services, we must report this to the state and local agency.
3. **Medical emergencies:** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.
4. **Judicial or Administrative proceedings:** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with our written consent), court order, administrative order or similar document.
5. **Your authorization is required for other disclosures:** Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in writing that AMCCC to do so. You may revoke your permission, which will be effective only after the date of your written revocation.
6. **Requirements regarding this notice:** The AMCCC is required to provide you with the notice that governs our privacy practices. This counseling center may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we receive in the future. You may ask for and receive a copy of the *Privacy Notice* that is in effect at anytime.

### Complaints

1. If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hippa/complaints/](http://www.hhs.gov/ocr/privacy/hippa/complaints/).
2. We will not retaliate against you for filing a complaint